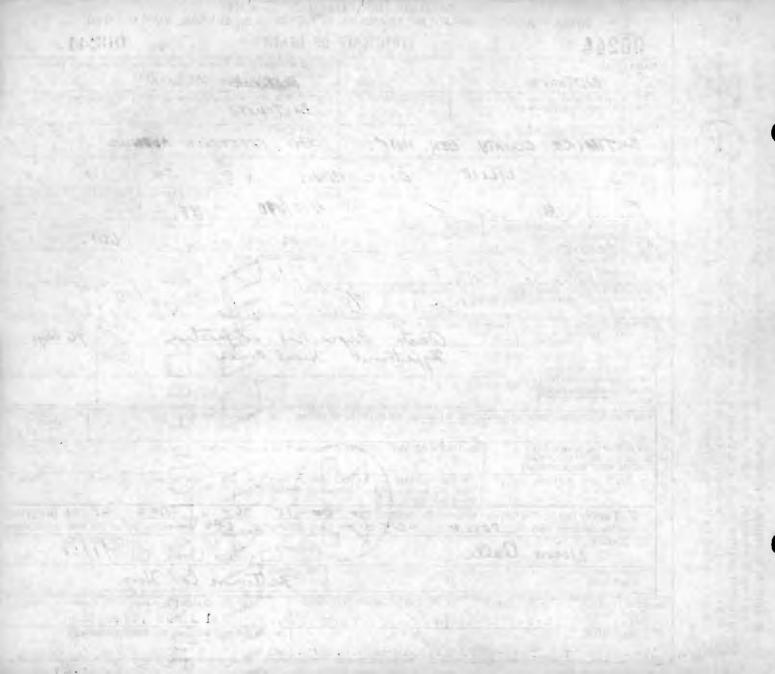
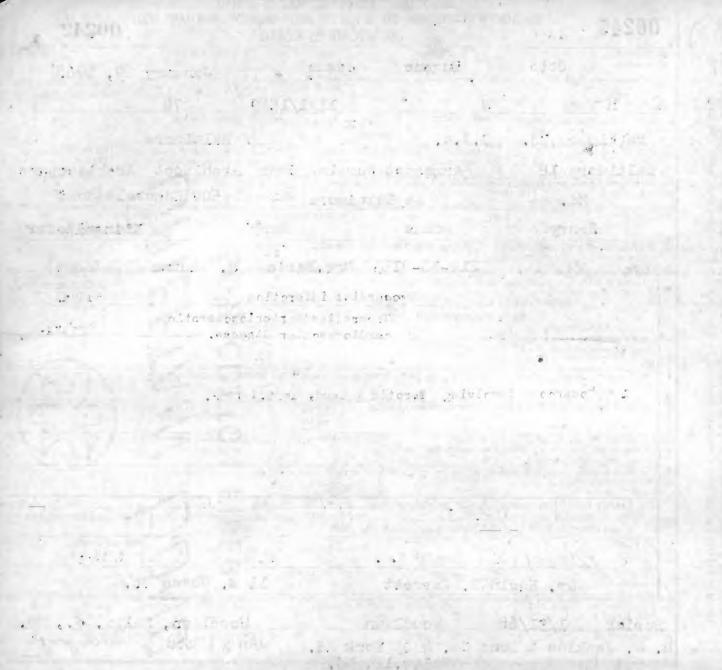
3 (1)	MARYLAND STATE DEPARTMENT OF CHEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
(IVI)	00243 CERTIFICATE OF DEATH 00240	
death death	1. DECEASED-NAME first Middle Last 2a. DATE OF DEATH (Type or print) Charles Thomas Aberts Sr. Manth Day Years 23 1988	26. HOUR 5:40
the fur	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years lighthory) White 5/17/1908 6. AGE (In years lighthory) YRS. White	IF UNDER 24 HRS. HOURS MIN
4 hours	70. BIRTHPLACE (State or foreign country) Baltimore 7b. CITIZEN OF WHAT COUNTRY? U.S.A. 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED	M
uly filled both within 2	10. CITY OR TOWN OF DEATH Baltimore 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital local during Bastof working life eyen if settled) INDISTRY OWNE 120. USUAL OCCUPATION (Kind of work done local during Bastof working life eyen if settled) INDISTRY OWNE	F BUSINESS OR
cuted v omplete ve cork event,	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission) NTATE 13b. COUNTY 13c. CITY OR TOWN Baltimore 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 2906 Pinewood Ave.	
be exer	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle William H. Aberts Mary C. Grael	Lost
ificate nysician pleose ol, and	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, 998 runknown) (It yes give wor of dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 2I 3-05-0948 Thelma M. Aberts Same	
TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the deoth certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detoched for use as the buriol-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours after death.	IB. CAUSE OF DEATH (Enter only one cause per line far (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	KIMATE IMTERVAL ONSET AND DEATH
The fow requires the attending physician. has been signed by se as the buriol-train harior to buriol, cre	19d. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN C CAUSES OF DEATH? 21d. ACCIDENT WAS UNDERLYING 121b. TIME OF INJURY 21c. HOW INJURY OCCURRED. (Fater poture of injury in Port L or Part 2. Item 18.)	ERTIFYING
SICIAN: spital or ertificate ed for ur	G (If either, notify medical examiner) Graph Graph Graph Hour A.M. Manth Day Year 19	
TO HOSPITAL OR ATTENDING PHYSICIAN: The tow repose 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filled with the State Dept. of Health prior to	While at wark at wark 22a. I certify that (It (this hospital) attended the deceased from 12/19, and that in (my) (our) opinion death occurred on the date and hour couses stated above, (I) (we) (did) (did not) view the body offer deoth. 22b. SIGNATURE DEGREE PHYS. DIRECTOR STAFF PHYS. STAFF PHYS. January 26	
HOSPITAL Je 4 may UNERAL t ector, pog ould be fill	22d. PHYSICIAN'S NAME (Type) Lawrence F. Misanik, M.D. 22e. ADDRESS 7620 York Rd. Towson, Md. 21204 23o. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	
TO HOS Poge TO Full shoul	Burrada (Specify) I/27/68 Parkwood Cem. Balto. Balto.	(State) Md.
VR A15 (4) 3 30M REV. 1/68	24. FUNERAL DIRECTOR ADDRESS 25d. REC'D BY REGISTRAR 25b. REGISTRAR SIGNATURE DATE JAN 2 5 1968	dge

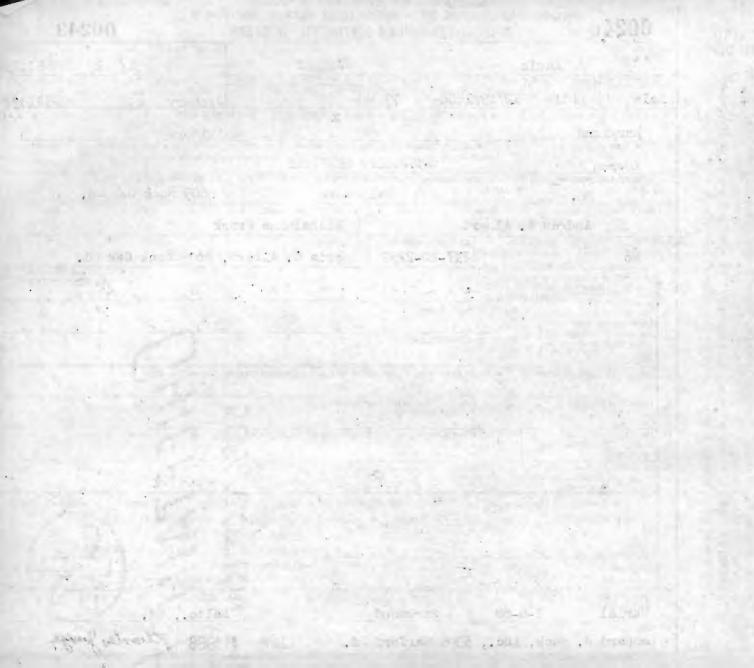
.07120 morest with this subtained with the Will have the state of the stat () may the same Marie President Aleks Strandard III S. A. THE CONTRACT OF THE A Company of the Comp COSEN AND ADDRESS udat systyle systems into .0 The sould sent the sent of



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00245 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle First Lost 2o. DATE OF DEATH 2b. HOUR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Otto (Type or print) Eugene Adams January S. DATE OF BIRTH 4. RACE 6. AGE (In years 3 SEX lost birthdoy) 11/1/1889 W 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED TO NEVER MARRIED Baltimore, Nd. DIVORCED [WIDOWED [U.S.A. Baltimore ond completely filled remave carban pape 10. CITY OR TOWN OF DEATH 120, USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR orderess)
Armacost Nursing Home Architect Architecture give street address) event, wit Baltimore 12 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before \$13c. CITY OR TOWN 13e, STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY YES NO 509 Edgevale Road Md. Balt imore burial-transit permit. Then please remar burial, cremation, ar remaval, and in any 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First First Lost Henry Adams Mary Klingelhofer physician of physician of physician of the physician of t 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) ((If yes give wor or detect of service) 219-10-2153 Mrs Maria Adams 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH Myocardial infarction Sudden IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Generalized arteriosclerotic Conditions, if ony, which gove) ?years. O FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 shauld be detached far use as the burial-transit cardiovascular disease. rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Lymphosarcoma involving parotid g land, left. 1966. director, page 3 shauld be detached far use as the should be filed with the State Dept. of Health priar to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES [NO -21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram 4/4/39, 19, ta 1/29/68 saw the deceased alive an 1/23/68 19, and that in (my) (aur) apinian death accurred an , that (i) (we) last ___, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated gbave, (1) (we) (did)-(did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. X 1/31/68 M. D. DEGREE DIRECTOR . 22d. PHYSICIAN'S 22e. ADDRESS 11 E. Chase St. NAME (Type) Dr. Edwin B. Jarrett 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b, DATE 23o. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) Woodlawn . Balto . Co . Woodlawn 24. FUNERAL DIRECTOR H. W. Jenkins & Sons Co. 4905 York Rd.



2	FOR STATE		00246	DIAISION OF		MINER'S CERTIFICA		LAND 21201	00243
	HEALTH DEPT		ECEASED-NAME	First	Mid	dle Los	1	20. DATE KNOWN Month	Doy Yeor 2b. HOUR
	of e to	{	Type or Print)	Louis		ALBE	RT	OF ESTI- DEATH MATED 1/	2/ 19 68 10:31
	deloy M3. Po	3. 5			DATE OF BIRTH	6. AGE (In years IF UNDER 1 YE last birthday) MONTHS DA		2c. DATE PRONOUNCED DEAD Month Day	2d. HOUR
	PM3 del	_			12/19/1888	79 YRS,		January 2.	Yeor 19 68 10:80
4	T 64	7o.	BIRTHPLACE (State or for	eign 7b. Cf	TIZEN OF WHAT COUNTRY?	8. MARRIED NEVER		INTY OF DEATH	P.F
	es forr		Maryland		1		DIVORCED B	altimore	Md.
	deoth e Pag with	10. (ITY OR TOWN OF DEATH	1	give street oddress	AL OR INSTITUTION (If not in hos	destina mana	CUPATION (Kind of work done f working life, even if retired.)	
	ive ig v	12.	Towson				1.A.L.	13e. STREET AND NUMBER	
	hours ofter deoth tem 18. Give Pages 1, Office along with form land 2 with the State Depotter death.		dmission) STATE MA		ed, if institution: Residence b. COUNTY	Baltimore	YES NO	8609 Rock Oa	k Ra
	ice id 2	14 F	ATHER'S NAME	irst	Middle		MAIDEN NAME First	Middle	Lost
	I lar				Albert		elmina Fra		Cost
	thin 24 incil in niner's pages hours	160.	WAS DECEASED EVER IN U					ADDRESS	
	ithi omit omit e pc	()	es, na of unknown)	(If yes give war or d	ates of service) 217-20	-2792 Maria	C. Albert	, 8609 Rock 0s	ik Rd.
	te should be executed with the word "pending" in per to the Chief Medicol Exor o buriol-transit permit. File and in any event within 72		18. CAUSE OF DEATH	(Enter only one	couse per line; for (a), (b)	and (c):) /	0-11	/	APPROXIMATE INTERVAL
	dico dico mith with		PART I. DEATH V	VAS CAUSED BY: IMMEDIATE CA	USE BEEL	Necks	clesk	merche	maxiden
	exe endi Me t pe t pe		385 X		DUE TO, OR AS A CONSEQU	ENCE of from	400%	11	100//-
	hief ansi		Conditions, if ony, what rise to immediate co		(b) (on	1US/000 0	COR	UII	10405
	vord vord ony		stoting the underlyin		DUE TO, OR AS A CONSEQU	ENCE OF		,	
	sho of the volume of the volum		lost. 9030	,	(c)				
	XAMINER: This certificate should be executed within 24 hours ofter death are the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, get 4 should be forworded to the Chief Medical Examiner's Office along with form your files. Page 3 should be used as a burial-transit permit. File pages land 2 with the State De cremation, or removal, and in any event within 72 hours offer death.		PART 2. OTHER SIGNIFIC	CANT CONDITIONS	CONFRIBUTING TO DEATH E	BUT NOT RELATED TO THE TERMIN	AL DISEASE OR CONDITION	IN CIVEN IN PART I(a)	hard
	rrifi rritir vord vord vol,	NOI	190. DATE OF OPERATION	ON	196, CONDITION	N FOR WHICH, OPERATION	100	MOLLE IL	20. AUTOPSY?
	INER: This certificate, write certificate, write should be forward files. 3 should be used action, or removo	MEDICAL CERTIFICATION			WAS BERI		UTR O	uBrall	7 YES NO Z
	Thi ficot be d be or r	CERT	210. EXTERNAL CAUSE V	WAS	21b. TIME OF INJURY Month, I			ire of injury in Port 1 or Port 2,	
	ER: certification outdoor	SICAL	PRIMARY OR CONTI	RIBUTING [_]	HOUR A.M.	19			
	AINER. he terr l shoul l shoul l shoul mation	ME	21d. INJURY OCCURRED		OF INJURY (At home, form, office building, etc.)	street, 21f. LOCATION St	treat or R.F.B. No.	City or Town	County State
	bical Examiner: se execute the certificator. Page 4 should ned for your files. ECTOR: Page 3 shoul		AT WORK AT WORK	P TOCIOTY,	omice bollating, etc.)	pme 060	9/000	CARTA-1	n Home By
	cal EXA execute or. Poge d for you TOR: Pag ouriol, cre		22a. I certif	y that I toak o		escribed above, held en 1		spection Annuiry	, and in my apinian
	EPUTY SICAL E bssory, please execu- funeral director. Pop ay be retained for INFRAL DIRECTOR: F		death resulted	from: No	atural causes , A	ccident , Suicide	Hamicide	, Undetermined manne	r 🔲
	ITY SICA ry, please e eral director be retained RAL DIRECT prior to bu		ACTUAL	1/	forther.	In ell	CHIEF MEDICAL EXAMIN		1
	ny, F eral eral be r RAL pric		SIGNATURE	Tor	100/00	CHILL M.D.	ASSISTANT MEDICAL EXAM	dininer	TE SIGNED/
	TO DEPUTY BICAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to buriol, crem		EXAMINER'S NAME (Type)	har/	es Fo	11 Janual	ADDRESS(Street, city, to		York Rd 2124
	0 = = 50	230	BURIAL, CREMATION,	23b. DATE	23c N	AME OF CEMETERY OR CREMATOR	y 23d	LOCATION (City or Town)	(County) (Stote)
	Mo		Burial	1-6	-68 Pa	rkwood		Balto., Md.	
	1000	24.	FUNERAL DIRECTOR	Ruck	The Eact II	ADDRESS Pd	250. REC'D BY RE	0.40	
	10M REV. 1/68		Tranifiat.d 0.	ruck,	Inc., 5305 H	ariora nu.	JAN 4	1968 Julian	0.0



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FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	245
HEALTH DEPT. /		y Yeor 2b HOUR
X 8 8 9 2.	I DECEASED-NAME First Middle Lost Zo DATE KNOWN K Month Boy OF ESTI- Jan 1 RAYMOND I. ALLEN DEATH MATED	-3 1968 M
5 2 (EV)	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 MRS 2c DATE PRONOUNCED DEAD	2d HOUR
2, and 3 to PM3. Page	Male Negro 6/6/21 ds bighdoy) MONTHS DAYS HOURS MIN Mouth January Doy 13,	Yeor 168 6 P M
	76 BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
	"Virginia USA WIDOWED D.VORCED BALTIMORE	Md.
t g t	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b.	KIND OF BUSINESS OR
hours after death Item 18. Give Page Office along with Iond 2 with the tal after death.	Timonium give street oddress) St. Joseph Hospital morse Groom R	KIND OF BUSINESS OR USTRYNOBSE OR ACING
s after 18. Gw e along 2 with t death.	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before J.3c. CITY OR TOWN 3d INSIDE CITY LANTS? 13e. STREET AND NUMBER	
rrs c 138 re a 12 w	Virginia Clarke Derryville 1032 100	
24 hours in Item 1. r's Office ss Tond 2. rs after d	14 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
24 in the rise test of the contraction of the contr	Fenton Allen Gertrude Williams	
th.n 24 incil in niner's pages hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (if yes give wor or dates of service) 16b, SOCIAL SECURITY NO 17 INFORMANT Sister: ADDRESS	N V
INER: This certificate should be executed within 24 hours after death e certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form files. 3 should be used as a burial-transit permit. File pages I and 2 with the tate-organism, or removal, and in any event within 72 hours after death.		N.Y.
ited ool I thun	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY-	BETWEEN ONSE! AND DEATH
ding dedic	IMMEDIATE CALSE (o) Multiple injuries	
pence ex pence of M	Conditions, if ony, which gove)	
d b d b Chié Chié y e	rise to immediate couse (a), (b)	
should be executed he word "pending" in the Chief Medical burial-transit permit.	stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF	
This certificate should be executed wit icate, writing the word "pending" in pe be forworded to the Chief Medical Exand be used as a burial-transit permit. File or removal, and in any event within 72	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
ficot ing rded as c as c	Acute only of an	
worth work work work work work work work work	9 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
his certificate, writher forwork be used	₩AS PERFORMED?	YES T NO
Th fire i be ld b	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 1	B.)
INER: T e certific should b files. 3 should ratian, or	210 EXTERNA. CAUSE WAS PRIMARY XI OR CONTRIBUTING CAUSE OF DEATH 21b TIME OF INJURY Month, Doy, Year Primary XI OR CONTRIBUTING CAUSE OF DEATH 21c HOW INJURY OF CURRED (Enter nature of injury in Port 1 or Port 2, Item 1 Pedestrian struck by car	
KAMINER: This te the certificate, go 4 should be forur files. crematian, or ren	AUSE OF DEATH O: UND P.M. I IS 1900 Tall INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No (ity or Town Timonian)	ounty State
ICAL EXAMINER: 9 execute the certifor Page 4 should be for your files. CTOR: Page 3 shou burial, cematian,	WHILE AT WORK AT WORK AT WORK STREET York Road south of Green Meadow B.	ALTIMORE
ICAL E executor Page for CTOR: burial,	22a certify that I taak charge of the remains described above, held an Autapsy 🔀, Inspection 🗌, Inquiry 🗍,	and in my apinian
e e e chor ctor ctor leed red buy	death resulted fram: Natural causes, Accident X, Suicide, Hamicide, Undetermined manner	
pleose pleose retoine retoine or to b	CHIEF MEDICAL EXAMINER	
JIY BICSE e erol director be retoined RAL DIRECT prior to bu	SIGNATURE WASSISTANT MEDICAL EXAMINER 22b. DATE SIGN	IED
TO DEPUTY SICAL E necessory, please exect the funeral director Pa 5 may be retained for TO FUNERAL DIRECTOR: Health prior to burial,	EXAMINER'S Charles S. Springate, M.D. DEPLTY MEDICAL EXAMINER January ADDRESS(Street, city, lown, or county)	15, 1968
He He	230 BUR AL CREMATION, 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (Co.	unty) (State)
	River (1/20/68 Milton Valley Camatery Berryville, Cl	arke, Va.
	24 FUNERA. DIRECTOR H. Enders Funeral Home. 250 RECD BY REGISTRAR 25b REGISTRARS S GN. Charles Berryville Va Date JAN 19 1968 Reliable	
VR A15ME (5) 10M REV, 1/68	- Charles Armalus Berryville, Va DATE JAN 19 1968 Peliarle	Judge.

MAKTLAND STATE DEPAKIMENT OF HEALTH



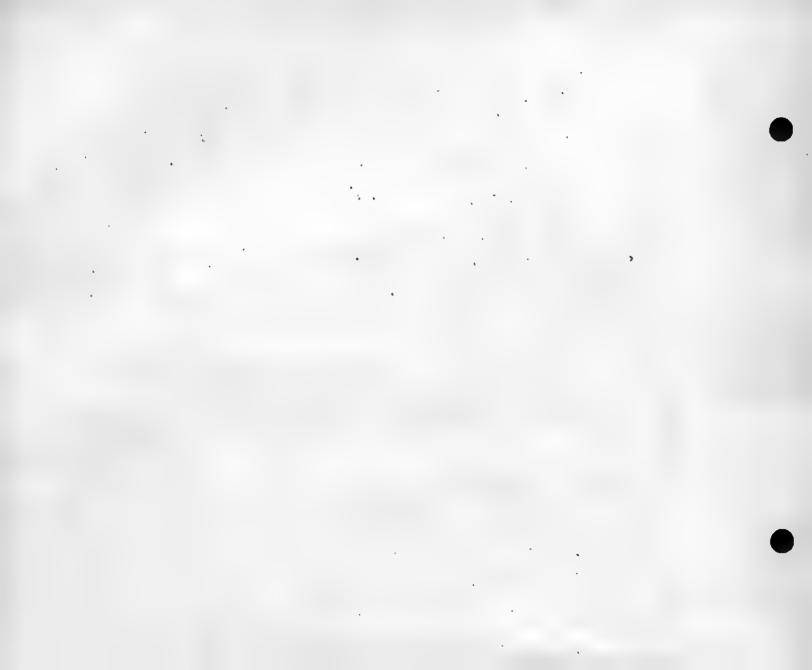
(4),	1		ESEARCH AND RECORDS, 301	W. PRESTON STREET, BA	LTIMORE, MARYLAND 2120	01
<i>X</i> .		06249	CERTIFICATE	OF DEATH	0.02	246
	1.	PLACE OF DEATH a COUNTY B'ltinore	MARYLAND	o. STATE 1 arylan		
		 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 1b	Baltimo:	porote limits, write RURAL and give in processing the process of t	
15		d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp Paltimore County G		d STREET ADDRESS 3908 Cotte	W	e IS RESIDENCE ON A FARM? YES NO 🔨
	L	NAME OF First DECEASED (Type or print) Corolyn		lost 4 DA OF DEA	ATH .	Doy Year 20 1968 YEAR TIF UNDER 24 HRS
4		SEX 6 COLOR OR RACE 7. MAR Through Michael Wilde	OWED DIVORCED .	DATE OF BIRTH 9/9/49	Josh birthdoy) Months yrs	Days Hours Min.
חו שוני	du	ing most of working life, even if retired)	Ob. KIND OF BUSINESS OR INDUSTRY	Nest Virgin		ZEN OF WHAT NTRY? U.S.A.
		Robert Alston		14. MOTHER'S MAIDEN NAME Leonia Wil		
5	15	. WAS DECEASED EVER IN U.S. ARMED FORCES? es Too, or unknown) (If yes give wor or dotes of service)	16, SOCIAL SECURITY NO. 17. II	Mother	Address Sta Mi	
		B. CAUSE OF DEATH (Enter only one couse per li PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (b)	ne for (o), (b) and (c) / cut as	cranial) hype	rtension.	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gove nse to immediate couse (a).	Claima remova	l d a Vice	eirsted larly	
		stoting the underlying couse lost. (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBU	tions / le	If rick	GIVEN IN PART 1(c)	19. WAS AUTOPSY
X	CERTIFICATION		Ob DESCRIBE HOW INJURY OCCURRED.			19. WAS AUTOPSY PERFORMED? YES NO
		OR CONTRIBUTING CI CAUSE OF DEATH			Of, (City or town) (Cou	nty) (State)
	MEDICAL	p.m.	While Not While focts	ary, street, office bldg., etc.)		.1
9		21. 1 certify that (1) (this haspital) saw the deceased aliveran	attended the deceased tram	death accurred at 320	M, from causes and an th	ne date stated above. TE SIGNED
shauld be filed with the State Dept. of Health prior ta burial, crematian, or removal, and in any event, within 72 hours after		22c PHYSICIAN'S (PLYANUM)	Wel mp M.C	D. ATTENDING DE MED. PHYS DIRECTO 22d. ADDRESS 3502	OR PHYS.	SAVE#15
ld be 1	7	NAME (TYPE) (TERARD-M)	- WOEL 1 230 NAME OF GEMETERY, OR;	1 Ballania	21-215	(County) (Stote)
2	,	O BURIA., (REMATION, SEMOVAL Specify) 23b. DATE THEREOF	68 Butten	Marie 250. RECD BY RE	Baltimas	GNATURE GRATURE
(L)		arlington S. The	llips-Salto.	md. DATE JAN	6 1968 Julian	a Judge



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		00250	DIAIZION OF	VITAL RECORDS, . C	ERTIFICA			JKE, MAK	TLAND 2120	" 0	024	7
1.		ASED-NAME First STEPI	HEN .	Middle JOSEPH		Last ANARI	1	a, DATE OF	Jan.	Ψ'n,	, 1 968	26 HOUR]
3.	SEX	_	4 RACE			DATE OF BIR			6. AGE (In year last birthday)	MON	UNDER 1 YEAR HIHS DAYS	IF UNDER 24 HRS WOURS MIN
7	. Pair	MALE RTHPLACE (State or foreign	WHIT TO CITIZEN OF WHA				1896	OUNTY OF	-	YRS		
1/0	ountr Ilig c	ARYLAND	U.S.A.		8. MARRIED WIDOWED		ALLU J. 1	BALTI				AA.
ŧ	(II) (I	ORT HOWARD	11 NAI give st VE I	ME OF HOSPITAL OR INS treet address) I I C TERANS ADI	SPITAL MINIST	p haspital	Uza USUAL O during mast of RIC	CCUPATION of working I	(Kind of work i ife, even if retii	lane red)	126 KIND OF B INDUSTRY STEEL	
No.	A's	SUAL RESIDENCE (Where decease (YLAND)	d lived, if instituted	ORE CITY	BALTIN	ORE	YES NO	10 11 11	EAST FO	ORT A	AVENUE	
I	A	THER'S NAME FIRST VRENCE ANARIN		Last	F	ROSE C	IDEN NAME First		Midd			Last
	6a. V	VAS DECEASED EVER IN U.S. ARME	D FORCES? or dates of service)	16b. SOCIAL SECURITY N	_	DRMANT F	717 TI	VII EN	Addr		MADVI	A NE
=	-			214 05 39		ALIY. h	(EL., VI	ari, r	I. NOWA	IRD,		ATE INTERVAL
		B. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ane cause per line	e far (a), (b), and (c)) EREBROVASC	TIT AD AC	CTHRM	p q					SET AND DEATH
		IMMEDIAT		S A CONSEQUENCE OF	OHAIL AU	OT DEIA:	-				1	
	0	anditions, if any, which gave	/b) CE	EREBRAL AR	TERIOSC	LEROS:	IS					
		ise to immediate cause (a), tating the underlying cause		S A CONSEQUENCE OF		-						
	1	ast.	(c)									
	-1	PART 2 OTHER SIGNIFICANT CONE	OITIONS CONTRIBUT	ING TO DEATH BUT NO	OT RELATED TO T	HE TERMINAL	DISEASE OR COND	OITION GIVEN	I IN PART I(a)			
				CH OPERATION WAS PER		20a. AUTOI YES 🔲	ио [∑[CAUSES	YES, WERE FINDI OF DEATH?			RTIFYING
- 1:	DICAL I	TO ACCIDENT WAS UNDERLYING CAUSE OF DEATH If either, natify medical examina	HOUR A.M. P.M.	Manth Day Year			URRED (Enter na					
		t work at work		AT HOME, EARM, STREET, EAC OFFICE BUILDING, ETC.	1			·	ar Tawn		County	State
		22a I certify that (IX(this saw the deceased oli causes stated abave,	s haspital) atte ve on Jan XI) (we) (did) (nded the decease 19 1 didacot view the l	ed from Se 9 <u>68</u> , ond to bady after de	hat in (m ath	20 , 19.67 y) (our) opinio	_, toJ on deoth o	ccurred on the	., 19 <u>.68</u> ne date	ond hour o	(M) (we) la and from th
,		22b. SIGNATURE		¬ · ,		ATTENDIN			STAFF PHYS.	22c DAT	E SIGNED 68	
The state of the s	1	12d. PHYSICIAN'S NAME (Type) EISA 1	4 GORTS.	MD	_DEGREE	22e. ADD						,
-	30	BUR AL CREMATION, 23b D		23c NAME OF	CEMETERY OF CE				N (City or Town		(County)	(State)
- 1	BU.	REMOXAL (Specify) 1/	23/68	Balti	more N	ation	nal	Balt	imore,	Md	•	(2.2.0)
	24. F	UNERAL DIRECTOR		John &	Denny	nerys	25a. REC'D BY R	EGISTRAR 2 3	25b. REGIS	TRAR'S SIG	snature seco Ja	edista
=				Baitimor	e, M .		- 				V	



· pr		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE			248
HEALTH DEPT.		DECEASED NAME First Middle East 20, DATE KNOWNED Month	Day Year 2b HO⊎R_
S 5 8 3	(Type or Print) G-RIGG- ENNIS ANDERSON DEATH MATED - JAN.	40
y delay i	3 5		Yeor 1968 5 5 M
- 14	70	BIRTHPLACE (State or foreign , 76 Cit ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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ofter death S. Give Pages 1, 2 olong with form with the State Deptember 1.	10 0	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital down-most of working if e event retired)	126 KIND OF BUSINESS OR
hours ofter death tem 18. Give Pag Office olong with 10nd 2 with the States death		JSJAL RESIDENCE (Where deceased lived if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LMISS 13e STREET AND NUMBER Indmission) STATE M.C. 13b SOUNTY F. more Manktan. YES NO Big Falls R	d.
hours Item 18 Office ond 2	14	FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Lost
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hin ncil nine page hou		WAS DECEASED EVER IN U.S. ARMED FORCES? (65 19) Drunknawn) (16 yes give war or dottes of service) (2) 9 7 3 4 3 7 14 3	n Md a
be executed with pending" in pending" in pendical Exartinst Medical Exartinst Fele event within 72	-	18. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c).)	APPROX.MATE INTERVAL
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be 'pe 'pe iief insit		Canditions, if only, which gove	
ould vord re Ch		rise to immediate cause (a), (DUE TO, OR AS A CONSEQUENCE OF	
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us certific te, writin farward farward re used as	CAT	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
This frote, be fa	CERTIFICATION	2 a EXTERNAL CAUSE WAS 21b T ME OF INJURY Month Day, Year 21c HOW INJURY OCCURRED (Enter nature of njury in Part 1 or Part 2, Iter	YES NO Z
<u></u>		PRIMARY OR CONTRIBUTING HOUR A.M.	n 15)
INER: e certif shauld files. 3 should	MEDICAL	21d INJURY OCCURRED 2, e. PLACE OF INJURY (A) home, form, street. 21f LOCATION Street or R F D. No. C ty or Jown	Caunty State
ICAL EXAMINER: e execute the certion. Page 4 should ed for your files. CTOR: Page 3 should buriol, cremation,		WHILE NOT WHILE at WORK at WORK	
DEPUTY DICAL EXAM ressory, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page		220. I certify that I took charge of the remains described above, held on Autopsy , Inspection Inquiry	ond in my apinion
ICAL e exe tor. P ed fo ed fo crox		death resulted from: Natural couses [2] Accident [], Suicide [], Hamicide [], Undetermined manner [• •
please et durector retained L DIRECTO		CHIEF MEDICAL EXAMINER	
ury, pleaseral direction be retain prior to		SIGNATURE C.M. France MD ASSISTANT MED. CAL EXAMINER 226 DATES	IIGNED /
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MARYLAND STATE DEPARTMENT OF HEALTH



1	1	MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0250
HEALTH DEPT.	1 0	FEEASED-NAME First Middle Jost 2a DATE KNOWNEST Month D.	gy Yeor 2b HOUR
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2 m &	3 S	EX 4 RACE 5 DATE OF BIRTH 6 AGE (In years 1 IF UNDER 1 YEAR F UNDER 24 IRS 2 C DATE PRONOUNCED DEAD	6 1968 9:154 2d HOUR
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r de yve P tha		Baltimore St. Joseph Hospital	DUSTRY
s after 18. Gr alang 2 with death		USUAL RES.DERICE (Where deceased lived, if institution Residence be one 13c CITY OR TOWN	
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them 18 Office 1 and 2	14 6	ATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle John J. Avers Camilla P.	Ryan
hin 24 nod in n.ner's pages haurs	160		rtyan
thin 24 m.ner's pages haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? 165. np. or unknown) (If yes give wor or dates of service) 10ne 17 INFORMANT ADDRESS Lone Lone	d 36
with per Exar Exar File	-		APPROXIMATE INTERVAL
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wer Med Med peri		IMMED ATE CALSE (a) LIATYTISOCTACTICE OF LATYTISOCTACTICE OF	Harten and the second
per per ief l		Conditions, if any, which gave)	
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shauld be executed to ward "pending" to the Chief Medical burial-transit permit in any event withis		last (c)	
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his certif ate, writt be farwar be used r remaval	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
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*= - =		PRIMARY OR CONTRIBUTING HOUR A M	16.)
INER e cer shaul files. 3 sho	MEDICAL	CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street 21f LOCATION Street or R.F.D. No. City or Town	County State
CAL EXAMINER: execute the certion. Page 4 should be for your files. CTOR: Page 3 shouburial, crematian,		WHILE NOT WHILE factory, office building, etc.)	7.4.4
DEPUTY DICAL EXAM scessary, please execute the e funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page		220. 1 certify that I took charge of the remains described above, held an Autopsy 💢 inspection [], Inquiry [],	and in my opinion
rical E) e executor. Paged of for purial, burial,		deoth resulted from Noturol couses [X]. Accident	7
please explication.		CHIEF MEDICAL EXAMINER	J
Y, please and direct on retain to prior to		ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER (X) 22b. DATE SIGNATURE	SNED
essary, p funeral nay be re UNERAL			uary 17, 1968
TO DEPUTY necessary, the funera 5 may be TO FUNERA! Health pr		NAME (Type) Edward F. Wilson, M.D. ADDRESS(Street, city, town, or county)	
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UK	04	Burial 1-19-1968 1 St. Joseph's Cemetery Baltimore Co	o. Ind.
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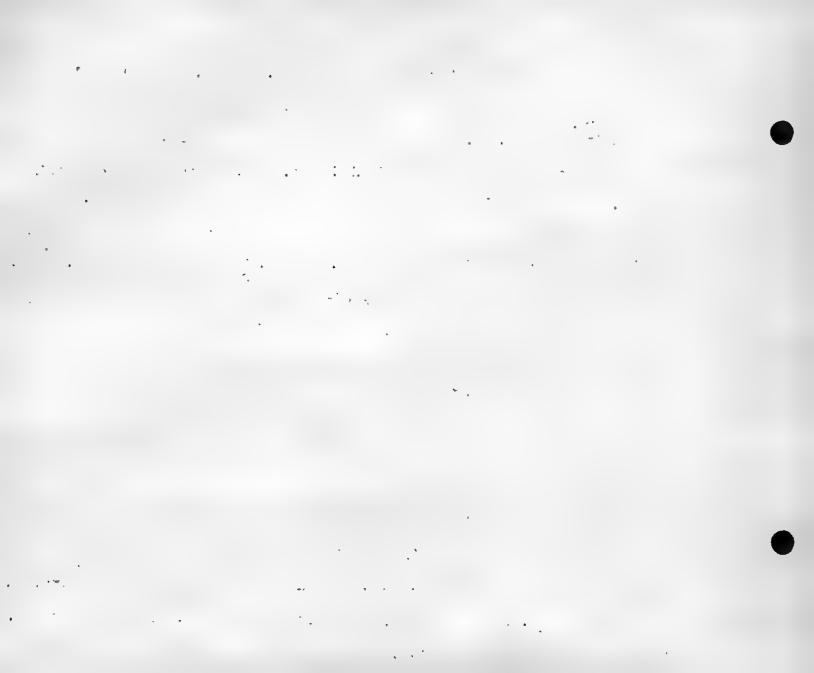


	- 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND	01001
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ii 🚆 🗓	: II	D. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUA. OCCUPATION (Kind of	
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in de la	13	30 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 130 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND	NUMBER
amp eve	, G	dmission) STATE Md. 13b COUNTY BALTO TARKULLE YES NO 1-2810	TAYLOK AVE.
exe and c	1	4 FATHER'S NAME First Middle / Lost IS MOTHER'S MAIDEN NAME First	Middle Last
be and	' 7	Thomas B. HAVIVARD MARIA	KUSSEV
ate ciar and	1	6g WAS DECEASED EVER IN U.S. ARMED FORCES? 116b. SOCIAL SECURITY NO 117. INFORMANT	Address
hysa hysa		Yes, ng. or agknown) (It you give was or forgotte ervice) 220-44-2108 L.A. AM BALON 2	S'U PAYLOR PART
g b	F	18. CAUSE OF DEATH (Enter only one cause per type for (a), (b) and (c);	APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH
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the of the other		Canditions, if any, which gave)	THE SECULTURE
y #		rise ta immediate cause (a).	
requires that the death certificate be executed within 24 haurs after death physician. signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remove carbon payers Pages 1 and 5 burial, cremation, ar removal, and in any event, within 12 hours after rest		storing the underlying cause DUE 10, OK AS A CONSEQUENCE OF	2-4818
urra hysi gne urra urra		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	Mal -
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as as pri).	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? 206 IF YES, WER CAUSES OF DEATH 210. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 1216. HOW INJURY OCCURRED (False nature of injury in Part	
e e e e e e e e e e e e e e e e e e e	i i	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port	1 or Port 2 Horn 18)
MAN fical of fer fer			t di run 2, tieni 10.)
ATENDING PHYSICIAN etained by the hospital of CTOR: After this certifical should be detached far with the State Dept of Hea		S ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 19 2 Id INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME SARM. STREET, SACTORY) 21f. LOCATION Street or R.F.D. No. City or Town	County State
hod tach		21d INJURY OCCURRED Value OF INJURY (AT HOME FARM, STREET, FACTORY) 21f. LOCATION Street at R.F.D. No. City at Town at work of work	County State
i de la factoria de l	- 1		10 / 10 / 10 / 11
DIN by be be Sto	- 1	22a I certify that (1) (this haspital) attended the deceased from, 19, ta, saw the deceased alive on, 19, and that in (my) (aur) apinion death accurred	
the the	- 1	causes stated abave, (1) (we) (did) (did nat) view the body after death.	Vir the date and had and train the
F S G S F F	- 1	22b. SIGNATURE	22c. DATE SIGNED
OR See See See See See See See See See Se		STAFF DEGREE PHYS. DIRECTOR DIRECTOR PHYS.	0 1/6/64
AL D		22d PHYSICIANS 1 / () 1 1 1 00 11 22e, ADDRESS	8 115
ERA E	\triangle	NAME (Type) JOHN RUSSELL / HVD POR MICHAEL HTILLS	DUCDIN 6
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed vege 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplete director, page 3 should be detached far use as the burial-transit permit. Then please remove configuration, ar removal, and in any event,	/ 2	30 BURIAL CREMATION, 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City go	r Town) (County) (State)
500 5 5M		REMOVALISPECTY 1-9-1968 MORELAND MINORIAL DAL	10 12
VR A15 W	1 2	24. FUNERAL DIRECTOR 25d. REC'D BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE
30M REV 1768	9	Chas FEVANS +SUN 8862 HARFORD RE DATE IAN IN 1998	Minerales Jugar.
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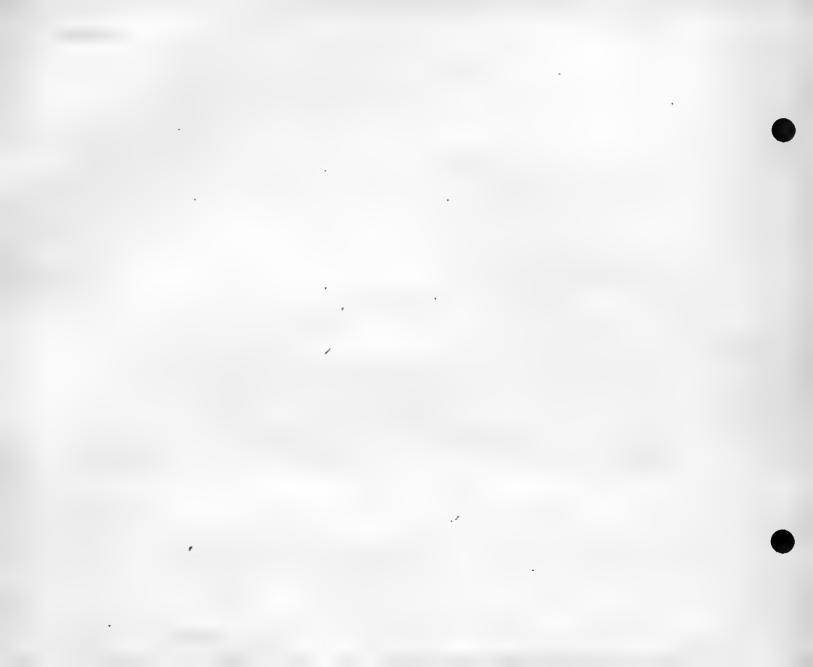
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				ID STATE DEPARTMENT OF H		
-		06255		. 301 W. PRESTON STREET, BALTI CERTIFICATE OF DEATH	IMORE, MARYLAND 21201	00252
17/2	н Б	CEASED NAME First	Middle	Lost	2g. DATE OF DEATH	2b HOUR
should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death		ype ar print)			Month Dn	Y Year 25 HOUR
/	3 5	James	Vernon Vernon	Bailey Sr.	Jan. 31	1908 M
	,				6 AGE (In years last birthday) 54. YRS.	MONTHS DAYS HOURS MIN
	70	Nale SIRTHPLACE (Stote por foreign	7b. CITIZEN OF WHAT COUNTRY?	Sept. 20.	1913 54 YRS. 9. COUNTY OF DEATH	
	coul	itry)		8. MARRIED NEVER MARRIED DIVORCED DIVORCED	Baltimore	an J
	10. (ITY OR TOWN OF DEATH	U_S_A_ II NAME OF HOSPITAL OR IN	STITUTION (If not in haspital 12a, JSUA	IL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
		Reislerstown	give street oddress)	v Ort.deist.III. S	ost of working ife, even if retired) heet lie oal liecta	INDUSTRY
	13a.	USUAL RESIDENCE (Where deceos	ad lived if institution. Pacidonce before	13c CITY OR TOWN 13d. INSIDE CITY LI	MITS? 13e. STREET AND NUMBER	1140 Vevere
*	adm	STATE (noise	13b COUNTY L'imore	Keisterslow YES NO	2 Sugarbury	Ort.
ž	14.	ATHER'S NAME First	Middle Last	IS MOTHER'S MAIDEN NAME F	irst Middle	Lost
/		Wehemia		, , , , , , , , , , , , , , , , , , , ,	osemond	Carroll
		WAS DECEASED EVER IN U.S. ARA es, no. or unknown) (If yes give w	one are distant of communa)		Address	Ikl.
		100 101		5 5 Mrs. Ethel E.	Dailey,2 Sugarbu	ry Crt., Reist.
		1B. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED	ly ane cause per one for (a), (b), and (c)	DIAI TOH	Partini	BETWEEN ONSET AND DEATH
			ATE CAUSE (o)/V/////	KD144 +117	GICTION	15 min
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	ı	stating the underlying couse last.	(A)			
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	S	2 1	FIMPLTYSE	MA	.,	
		19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS P	ERFORMED 200. AUTOPSY?	20b. IF YES, WERE FINDINGS (CONSIDERED IN CERTIFYING
	CERTIFICAT			YES NO 🖸		
		210 ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT			noture of injury in Port 1 or Port 2,	Item 18.)
	MEDICAL	(If either, natify medical exami:	ner) P.M.	9		
	1~	21d INJURY OCCURRED 21e. While Nat while at work	PLACE OF INJURY (AT HOME, FARM, STREET FA	CTORY.) 21f. LOCATION Street at R.F.D. Na.	City or Town	County State
		at work of work	is hospital) attended the decoar	ad from 2/10 = 10	to 184 /±02 c /≠ 10	0 / 7 that //) /we\ last
		sow the deceosed a	live on MARCIT	ed from 3/65, 19 1962, and thot in (my) (our) opi	nion deoth occurred on the de	ote and hour and from the
	1	causes stated obave	e, (I) (we) (did) (did not) view the	body after death.		
		22b. SIGNATURE	12. F	OFFICE PHYS	IED. C STAFF C 1 -2	DATE SIGNED /
		22d PHYSICIAN'S	1 semole	DEGREE PHYS. D	IRECTOR L. PHYS. L. 2	12/68
			lip Bernstein,	M.D. 112 Cha	artley Drive,	Reisters.Md.
	230	BURIAL, CREMATION, 23b. I		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
		DEMONTAL IE - 15 A	3,1968 Lo.ra	ine rark Jemetery	woodlawn	County) (Stote) Detluimore, 171.
11	24	FUNERAL DIRECTOR	ADDRESS		H 4000 00%	S SIGNATURE
)	9	THUR H.	Manuel Fina	wills & MA DATE FF	B 7 1968 2000	wer Judge



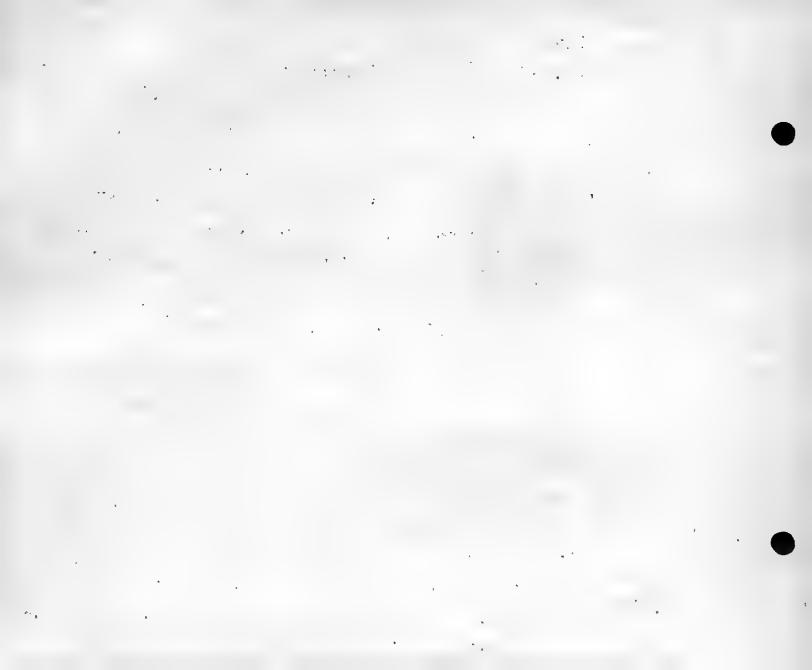
1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	系
HEALTH DEPT	1. DECEASED NAME First Middle Lost 20. DATE KNOWN Month Doy (Type or Print)	Yeor 12 HOUR
ay is 3 to Poge	NORMAN BAILEY DEATH MATED ☐ 1/20/68	19 p. 1
9 E 2 2 E	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years lif under 1 YEAR if under 24 HRS 20 DATE PRONOUNCED DEAD Month 1 Doy Year 24 HRS 22 DATE PRONOUNCED DEAD Month Doy Year 24 HRS 24 HRS 20 DAYS HOURS MIM. January 20.	12:5
Depart	70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
- E - G	(country) WIDOWED □ DIVORCED □ Baltimore	М
haurs ofter death Item 18. Give Poges Office along with for Ilond2 with the State	a ye street address) during most of working life even if retired.) INDUSTRY	D OF BUSINESS OR Y
Sive Dive	130. LISUAL RESIDENCE (Where deceased lived of not button: Residence before 13c, CITY OR TOWN 13d INSIDE CITY UM.15? 13e, STREET AND NUMBER	
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necessary, pleose execute it the funeral director. Page 4 5 may be refained for your to FUNERAL DIRECTOR: Page Health prior to burial, crem	EXAMINER'S WERNER JU. SSPITZ DEPUTY MED CAL EXAMINER JADRESS (Street, city, town, or county)) <u>C</u>
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A.	24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 256 DECESTRAR SEGNAL	2690
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00257 00253 CERTIFICATE OF DEATH Lost 2b HOUR DECEASED-NAME First Middle 2a. DATE OF DEATH death (Type or print) Month Lorette BARNETT 9:30AM January burial, cremation, ar removal, and in any event, within 72 haurs after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF JINDER I YEAR F UNDER 24 HRS atte last birthday) MONTHS I DAYS HOURS White October 23. 1884 Female YRS law requires that the death certificate be executed within 24 haur, 9. COUNTY OF DEATH 7a BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? ō 8 MARRIED | NEVER MARRIED | filled in Baltimore DIVORCED [Missouri WIDOWED T 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR during most of working life, even if retired)
Homemaker INDUSTRY give street address) the aftending physician are compression and compared to the co Towson 13c. CITY OR TOWN 3d INSIDE CITY EINHTS? 13e STREET AND NUMBER 130 USJAL RESIDENCE (Where deceased lived, if institution Residence before 13b COUNTY 2505 Londonderry Rd. NO Timonium 14. FATHER'S NAME 1S. MOTHER S MAIDEN NAME First Middle Lost First Middle Last 16b. SOCIAL SECURITY NO 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (If yes give war or dates of service) Yes, no, or upknown) 492-01-26765 5hondona 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) Cerebral hemorrhage DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) Generalized arteriosclerosis rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) as the prior to b pelli 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19n. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? O FUNERAL MIRECTOR: After this certificate has CAUSES OF DEATH? YES 🔲 NO 📆 for use be detached for use State Dept. af Health 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. Stote 21d INJURY OCCURRED City or Town County While Not while at work 22a. I certify that (4) (this haspital) attended the deceased from 19_68 . to 19 68 19 68, and that in (my) (aur) apinian death accurred on the date and hour and fram the saw the deceased alive an. director, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED MED DIRECTOR ATTENDING January 3, 1968 - DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN S 7620 York Rd., Towson, Md. 21204 NAME (Type) (State) 23d LOCATION (City or Town) 23a BURIAL, CREMATION 23b. DATE PEMOVAL (Specifoly cm D BY REGISTRAR VR A15 (4) 30M REV. 1/68



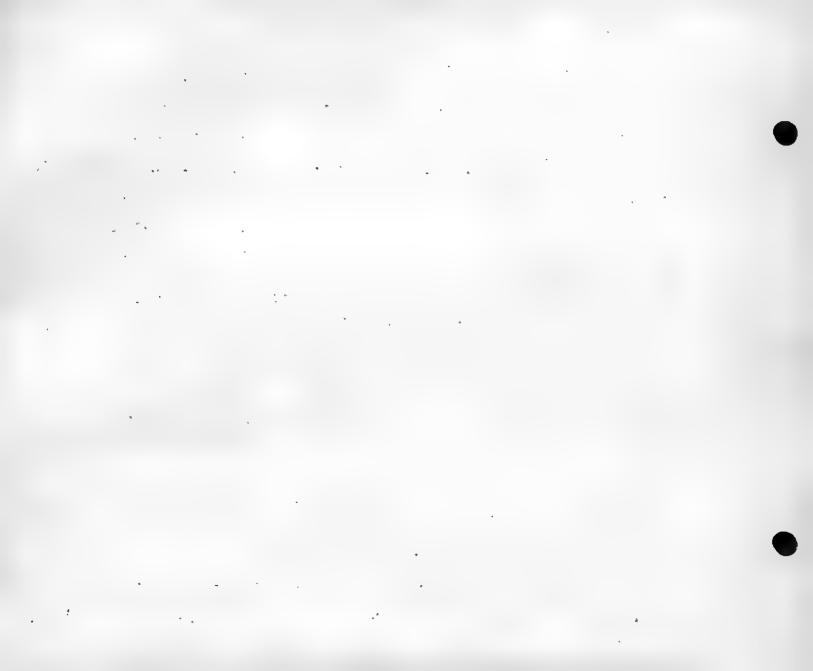
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	1		MARYLAND STATE DEPARTMENT OF HEALTH				
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artificate I physician pen please	ì		es, no, or unknown) (14 yes give was or do or sesses service) 2 15-26-2177 Mrs. Janes W. Bearl - 213 BROOKSINERS				
ng p			APPROX MAJE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY-				
를 를 를	-		PART DEATH WAS CAUSED BY- IMMEDIATE CAUSE (a)				
ne death attendii permit.			DUE TO, OR AS A CONSEQUENCE OF				
t the countries of the			Canditions if any, which gove)				
hat .r. y. # omsi			nse to immediate cause (a).(stating the underlying cause) DUE TO, OR AS A CONSEQUENCE OF				
quires that thy physician. signed by the bunat-tronsit burial, cremai			stating the underlying couse DUE 10, OK AS A CONSEQUENCE OF Consequence of the large states of the large s				
hys gne uria			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)				
req p g p p g p d o	9	l_					
low ndir bee		(OLI	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 266. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING				
4: The low requires the or attending physician. Ite has been signed by ruse os the burial-tree ooth prior to burial.	L	CERTIFICATION	YES TO NO COUNTY				
or core	>	CERT	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)				
YSICIAN; ospitol or certificate hed for us		ਤ	TOR CONTRIBUTING TAUSE OF DEATH HOUR A.M. Manth Day Yeor				
Spirit serting to the	:	MEDICAL	If either, notify medical examiner) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (AF HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While - Not while -				
3 PHYSICIAN: the hospitol or this certificate defoched for u)		77 Miles Mil				
5 ± ± 9 ±	2		220. I certify that (I) (this hospital) ottended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19				
DING I by t After I be d	5		saw the deceased alive on 19 and thot in (my) (aur) opinian death accurred an the date and hour ond from the				
ATTENDING stained by th CTOR: After 1 should be d	=		couses stated abave, (I) (we) (did) (did hat) view the body after death.				
A B C State			226. SIGNATURE ATTENDING MED. STAFF 22c DATE SIGNED				
OR ATTENDING De retained by SIRECTOR: After JRECTOR: After JRECTOR After JRECTOR After JRECTOR After JRECTOR After JRECTOR After	3		DEGREE PHYS DIRECTOR PHYS.				
AI L			22d. PHYSICIANS TAMES E. POWE 22e. ADDRESS PALTO NATIONAL				
SPI1 4 m 4ER	2	L					
O HOSPITAL OR ATTENDING PHYSICIAN: The low re Poge 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detoched for use as the should be filed with the State Debt, of Health prior to	9	23 a.	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Jown) (County) (State)				
5° 5° 5° 5° 5° 5° 5° 5° 5° 5° 5° 5° 5° 5	The .		REMOVAL (Specify 1-30-68 Balts. Notional Em. Balto med.				
VR A15	5 [4]	24.	FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS DATE FEB 1 1968 Classes Junger ADDRESS DATE FEB 1 1968				
30M REV	1/68	Z	Tailey - Company JA. Consciolle May DATE LU 1 1000				



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00261 00257 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 2g. DATE OF DEATH 2b. HOUR First death. (Type or print) Month M. Dov Year ALICE BEDFORD 10:05 AM FUNDER YEAR IE LINDER 24 HRS buriol, cremotion, or removal, and in ony event, within 72 hours after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years requires that the death certificate be executed within 24 haurs after last birthday) DAYS HOURS CAUC. 5-13-1890 FEMALE -7-7 YRS 7o. BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) and completely filled in remove carbon papers MARYLAND USA PALTIMORE, WIDOWED [7] DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR give street oddress) INDUSTRY during most of working life, even if retired.) TOWSON, MO 130. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13b COUNTY YES NOT Himore 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Last James Cross Michae physician (16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO. Address /bs-no, or unknown) (If yes give war or dates of service) Wone XXXXXXX Mes DORUTHY 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MYOCARDIAL INFARCTION now IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF TERIOSCLEROTIC CARDINALASCUL AL Conditions, if any, which gove) signed by the buriol-transit rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) **J FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detoched far use as the should be filed with the State Dept. of Health prior to l be retained by the hospital or ottending 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE-OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES E 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED Stote City or Town County While Not while at work 22a | certify that (I) (this haspital) attended the deceased from 1960, and that in (my) (aur) apinian death accurred an the date and haur and tram the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S SM NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE (County) (State) 23a. BURIAL, CREMATION, REMOVA (Spec by) Belair Memorial Gardens Belair, Maryland 2So. REC'D BY REGISTRAR DATE AN 2 3 2Sb REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) Moran, Inc. 3000 E. Baltimore St. 30M REV, 1/68



. 1	DIVISION OF V		SIAIE VEPAKIM TI W PRFSTON ST		E, MARYLAND 21201		
00262	DIVIDION OF		RTIFICATE OF		,	0025	8
1 DECEASED-NAME (Type or print)	First MILTON	Middle	BELITON	2a.	DATE OF DEATH Month Do 1 1/	68	26. HOUR 5:10Pm
3 SEX MALE	4. RACE NEGRO		S. DATE OF 81		6. AGE (In years lost birthdoy) 24-7 YRS.	F JMDER 1 YEAR MONTHS DAYS	HDURS MIN.
70. BIRTHPLACE (State or for country) WASHINGTON, I	reign 7b. CITIZEN OF WHA	T COUNTRY?	MARRIED NEVER MAR	RIED 9. CO	UNITY OF DEATH LITIMORE COUNTY	7	Md.
TO CITY OR TOWN OF DEAT FORT HOWARD	H 11 NA/	ME OF HOSPITAL OR INSTI reet address) ADM HOS	TUTION (If not in haspital	12a USUAL OCC	UPATION (K.nd of work dane working life, even if retired.)	12b. KIND OF INDUSTRY	
130. USUAL RESIDENCE (Who odmission) STATEMARY	ere deceased lived, if institution	n: Residence before	BALTIMORE	YES NO NO	13e STREET AND NUMBER 1629 PARTES	O, ERC STREET	E
14 FATHER'S NAME FI	rst Middle MES	BELION	IS MOTHER'S MA	LETTE	Middle	SYI	lasi
160. WAS DECEASED EVER I Yes, no, or unknown) YES	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO		CORDS VA	Address HOSPTTAL FT		
	I (Enter DNIY DNE COUSE PER INN AS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS	e for (o), (b) ond (c).) RONCHOPNEUM A CONSEQUENCE OF	MONIA, BILAT	ERAL		APPROXI	MATE INTERVAL INSET AND DEATH
ARTERIO	ouse (o),(A CONSEQUENCE OF			ION GIVEN IN PART I(0)		
190. DATE OF OPERATION 190. ACCIDENT WAS			YES 🔁	€ но □	20b. IF YES, WERE FINDINGS CAUSES OF DEATH? YES		ERTIFYING
☐ DR CONTR BUTING ☐ (If either, notify med	AUSE OF DEATH HOUR A.M.	Month Day Year		,	re of injury in Part 1 or Port 2,		
While Nat while			RY.) 21f LOCATION Stree		City ar Tawn	County	State
22a. I certify the	at (t) (this haspital) atte teased alive an ed abave, (t) (we) (did);	nded the deceased 1768 19 danot view the b	I fram 11,/28/6' , and that in (Riady after death.	7, 19 %} (aur) opinian	, ta <u>1/1/68</u> , 19 deoth occurred on the d	ate and haur	(DC(we) last and fram the
22b. SIGNATURE	Palbert	, mo	DEGREE ATTENDIO	DIRECTO	CT STAFF	1/2/68	
	JOHN D. TALBE		VA	HOSPITAL	, FT HOWARD, I		
230 BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b, DATE 1/8/196	F BALTIN	EMETERY OR CREMATORY NORE NATIONA	-	BALTIMORE, MA	((ounty) RYLAND	(State)
24 FUNERAL DIRECTOR	P Hayer I	AYES FUNE	RAL HOME	250. REC D BY REC	5 1968 25b. FELLAR	res Jac	ye.



MAKILAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 00263 00259 CERTIFICATE OF DEATH DECEASED NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR (Type or print) Month Marv BENNETT 7:55Am A. January 6. AGE (In years last birthday) 72 YRS. 4. RACE IF JNDER YEAR after 3. SEX S. DATE OF BIRTH MONTHS DAYS HOURS Female September 12, 1895 White 7a, BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED (duntry) DIVORCED T Baltimore U.S.A. WIDOWED [7] Marykand 10. CITY OR TOWN OF DEATH burial, cremation, or remayal, and in any event, within 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR requires that the death certificate be executed within give street address)
ST. JOSEPH during most of working life, even if retired)

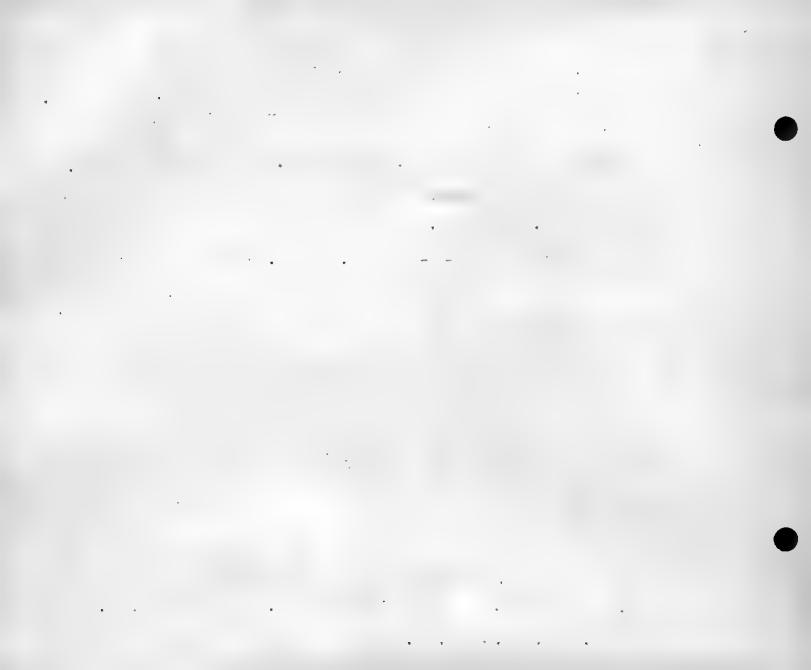
Homemaker INDUSTRY the attending physician and completely for sit permit. Then please remove carban Towson 13a. JSJAL RESIDENCE (Where deceased lived, if institution. Residence before) 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER odmission) STATE 13b. COUNTY YESTE NO Baltimore 120 S. Collington Ave 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First Fits1 Lost John Stotsky Hedwig (Irene) Yuchno 16b. SOCIAL SECURITY NO. 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na or unknown) (If yes give war ar dates of service) 218-48-0961J1 William O. Bennett 120 S Collington Avenue 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY signed by the attendu burial-transit permit. Cerebro vascular insufficiency with transient paralysis IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) (b) Arteriosclerotic heart disease rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause (d) Pneumonia, right lower lobe. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior tal 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [NO TO 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAJSE OF DEATH HOUR A.M. Manth Day Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Tawn State County While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from 1/11/ , 19.68 , to 1/29/ , 19.68 , that (1X (we) last saw the deceased olive an 1/29/ 19.68 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (i) (we) (did) (did not) view the body after death. 22h, SIGNATURE 22c. DATE SIGNED MED.
DIRECTOR STAFF PHYS. ATTENDING January 29, 1968 DEGREE 22d. PHYSICIAN'S 22e ADDRESS Arturo Santos, M.D. NAME (Type) 7620 York Rd., Towson, Md. 21204 23d. LOCATION (City or Town) 23b DATE 23c NAME OF CEMETERY OR CREMATORY (State) (County) 23o. BURIAL, CREMATION, REMOMAL (Specify) Balto Md Jan 31 1968 Mt Carmel Cemetery O'Donnell St 0 2Sb. REGISTRAR'S SIGNATURE 2Sa REC'D BY REGISTRAR 24 FUNERAL DIRECTOR The Dippel Bros Inc. 1800 E Indiana St. DATE JAN 30M REV. 1/68-

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_	1	MARYLAND STATE DEPARTMENT OF HEALTH
1		00260 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH
		CEASED-NAME First Middle Lost 20. DATE OF DEATH Wenth Day Year 13 1968 1:30pm
	3. S	Mys. Months Days Hours Min
	70 39 4	BIRTHPLACE (State or foreign U.S.A. 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED Balto. Co. Md.
		TRY OR TOWN OF DEATH Upperco 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life even firstired.) Rt 1 120 USUAL OCCUPATION (Kind of work done during most of working life even firstired.) Rt 1 121 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life even firstired.)
	13a odm	USJAL RESIDENCE (Where deceosed lived, if institution Residence before ission) STATE Md. 13b COUNTY Balto. Upperco YES NO. 13d INSIDE CITY LIM 157 YES NO. 13d STREET AND NUMBER Rt. 7
1	14.	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost James B. Bentz Maggie C. Armacost
	160	WAS DECEASED EVER INS. ARMED FORCES? es, no psychoknown) (1 yes give wor or dates of service) 16 SOCIAL SECURITY NO. 17 INFORMANT Address 218-LIO-LI910-0 Mr. James R. Bentz Hampstead Md.
		BE. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions if any/which gave Isso to immediate cause (a), Storing the underlying cause [b] DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
(CERTIFICATION	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH?
	MEDICAL CER	21o. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) Concentrating Lause of Death HOUR A.M. Manth Day Year
	W	21d IN.JRY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County Stote at work at work
		220. I certify that (1) (this haspital) attended the deceased from 1004 (1) (this haspital) attended the deceased from 1004 (1) (aur) opinion death accurred and the date and hour and from the causes stated abave, (1) (we) (did) (did nat) yiew the bady ofter death.
		226. SIGNATURE DEGREE ATTENDING MED DIRECTOR STAFF 22c. DATE SIGNED 1-13-68
C		Physician's NAME (Type) M. C. Porterfield 22e. ADDRESS Hampstead, Md.
		BURIA_ (REMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. (OCATION (City or Town) (County) (State) BURIA_ (REMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 12d. (OCATION (City or Town) (County) (State) BURIA_ (REMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 12d. (OCATION (City or Town) (County) (State)
8	24.	FWERAL DIRECTOR - Eline Funeral Home Hampstead, Md. 250. RECD BY REGISTRAR 250. REGISTRAR'S SCHAFTLE 250. RECD BY REGISTRAR 250. REGISTRAR'S SCHAFTLE 250. RECD BY REGISTRAR 250.



,, 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 201 W., PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	Item Za Film G27 Le mesh ka	0001
HEALTH REPT.	1 DECEASED-NAME First Middle Last 2a DATE KNOWNIC Month Do	0261 1y Year 2b. HOUR
1000	(Type or Print)	1968 M
Poge Poge	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years I IF LINDER 3 YEAR F JINDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
a de de	Male White 9 x-18-46 last birthday) MONTHS DAYS HOURS MIN Marth Jan. Day 6	Year 19 68 M
o Depo	To BIRTHPLACE (Stote or foreign 76 CHTIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH Baltimore	Md
deoth e Pages 1 with form		KIND OF BUSINESS OR
Give Pong will	Towson give street address) St. Joseph's Hosp during most of working afe even if settled No. Tingineering Aide Ba	LIto City
often 8. Gi alon with leath.	30 USUAL RESIDENCE (Where deceased lived, if institut on Residence before 13c CITY OR TOWN 13d JASJOE CITY LIMILIST 13e. STREET AND NUMBER Odmission) STATE 13b COUNTY BELLET BELLETIONE YES NO 1717 Rambelwoo	d Rd. #14
hours Item 1. Office Iond2	14 FATHER'S NAME First Middle Last I'S MOTHER'S MAIDEN NAME First Middle	Last
	Louis T. Berenger Sr. Doris K	aufmann
I within 24 in pencil in Examiner's File pages 77 hours	60 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or une nown) Vietnam 16b. SOCIAL SECURITY NO 2x8/116-2176 Mr. Louis T. Berenger (Same	
nding" i Medical permit.	18 CAUSE OF DEATH (Enter only one cause per line for (o) (b) and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gove nse to immediate cause (a). (b)	APPROXIMATE INTEXES. STIMEN ONSEL AND PLATH
word word the Cl rical-tr	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
s certificate st. s, writing the forwarded to - used as a, by emovol, and ir	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART I(a)	
te, writin forward forward e-used a	190 DATE OF OPERATION 196 COND TON FOR WHICH OPERATION	20 AUTOPSY?
his control of the co	190 DATE OF OPERATION 190 COND T ON FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 210 TIME OF INJURY Month, Day Year 21c MOW DUMY OCCURRED Enter afture of injury, in Portal or Port, 2, term	YES NO Z
tiffical tif	PRIMARY FOR CONTRIBUTING DOUR AM 1/6 1968 SKULL TUSHED CETURES	r Hestombile
EXAMINER Lute the cer age 4 shou age 7 shou your files. Poge 3 sha	AT WORK WALL STYLE TO THE STYLE OF THE STYLE	Sulta Hally Signature
ICAL E executor Pared for CTOR:	220. I certify that I took charge of the remains described above, held an: Autopsy, Inspection, Inquiry,	ond in my opimon
Se e setor need need setor se o beu	death resulted fram: Natural causes . Accident . Suicide . Homicide . Undetermined manner .]
pleose e director retoined DIRECT	ACTUAL CHIEF MED CAL EXAMINER 22b DATE SIG	NEO /
MY, I Be roll be r	SIGNALURE ACCOUNTS AND ACCOUNTS	New / 10
o DEPUTY CIC. necessary, pleose ethe funeral director 5 may be retained 6 FUNERAL DIRECT Health priar to bu	EXAMINER'S NAME (Type) Charles F. O'Donnell, M.D. ADDRESS(Street, city town or county)	160
TO DEPL necessa the fun 5 may TO FUNE Health	230 BUR AL, (REMATION, REMOVAL (Specify) 235 DATE 1/9/68. 23c NAME OF CEMPTERY OR CREMATORY Burial Cem. 23d 10(A]ION (City or Town) (Co. Burial) 23d 10(A]ION (City or Town) (C	ounty) (Stote)
M	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REG. STRAR 25b. REGISTRAR S.G.	VATURE
VR A15ME (5)	Leonard J. Ruck, Inc. Balto. Md. 21214 DATE AN 9 1968	San Jan.



- 1		MARYLANI DIVISION OF VITAL RECORDS, :) STATE DEPARTMENT OF		
	→ 00266		ERTIFICATE OF DEATH	IMORE, MARTEMAN 21201	00262
	DECEASED NAME (Type or print)	ce Prvor	Bernatz	20. DATE OF DEATH Month Doy	Yeor Zb. HOUR
	female	4. RACE white	S. DATE OF BIRTH Feb. 28,189	last birthday) 77 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS M.N.
GH.	rederick County	USA	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Baltimore,	Md.
10.	CITY OR TOWN OF DEATH Towson	11. NAME OF HOSPITAL OR INST give street oddress) Chesapeake	Manor 120. USL during m	AL OCCUPATION (Kind of work done nost of working life, even if retired.)	12b. KIND OF BUSINESS OR Industry
13c odr	o. USUAL RESIDENCE (Where deceose mission) STATE Md.	d lived, if institution: Residence before 13b. COUNTY Balto.		13e. STREET AND NUMBER 2907 Taylor	Ave.
14.	FATHER'S NAME First John T	Middle Lost Pryor	15. MOTHER'S MAIDEN NAME	First Middle Virginia Swope	Lost
16	O. WAS DECEASED EVER IN U.S. ARM Yes, no, or unknown) (1 yes give wo			Address or 1034 Woodson Re	d. #21212
	PART I. DEATH WAS CAUSED IMMEDIAN Conditions, if ony, which gove rise to Immediate cause (o), stoting the underlying cause lost.	One couse per line for (o), (b), ond (c).) BY DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DITIONS CONTRIBUTING TO DEATH BUT NO		CONDITION GIVEN IN PART 1(0)	APPROXIMATE INTERVAL BETWEEN ONSET AND GRATH CONTROL GRAND GRA
CERTIFICATION	4771	ONDITION FOR WHICH OPERATION WAS PER	FORMED 200. AUTOPSY? YES NO [20b. IF YES, WERE FINDINGS CO. CAUSES OF DEATH?	
MEDICAL CE	Great Representation of the control	PLACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY.) 21f. LOCATION Street or R.F.D. N	. 1	County State
	220. I certify that (1) (this saw the deceased of couses stated above.	s hospital) attended the decease ive an 1900 (did) (did not) view the b	ady ofter death.	29c D	ATE SIGNED
	22d. PHYSICIAN S NAME (Type) LUIS	S V. ELIAS, N	22e ADDRESS	MERCUDENE DR-	BACTIMORE.
		1/27/68 Mt. Be	thel Meth. Cem.		(County) (Stote) Frederick, Md.
24	i FUNERAL DIRECTOR Mitchell-Wiedef	ADDRESS	2So. REC'D	BY REGISTRAR 2Sb. REGISTRAR'S S	SIGNATURE

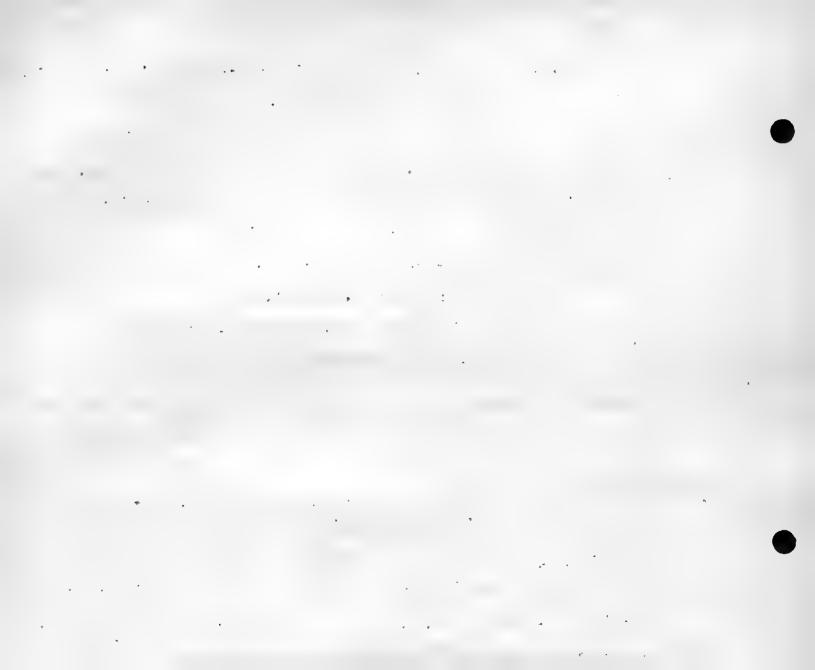
Balto.Md. 21212



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00263 CERTIFICATE OF DEATH 1 DECEASED-NAME Middle 2a. DATE OF DEATH First Last within 24 haurs after death (Type or print) 3 SEX S. DATE OF BIRTH IF LINGER 1 YEAR 6 AGE (In years last birthpay) MONTHS GAYS HOURS 70 BIRTHP-ACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kend of work done 126, KIND OF BUSINESS OR during most of warking life, even if retired.) give street adliress) Tunerale carbo 3d INSIDE CHY EMAITS? 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13e STREET AND NUMBER ATTENDING PHYSICIAN: The law requires that the death certificate be executed 13b COUNTY_ NO P in any 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Middle burial, cremation, ar removal, and 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN'S Yes, no, of unknown) (If yes give war or dates of service) APPROXIMATE INTERVAL 1B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART | DEATH WAS CAUSED BY suddet ovonav IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ! rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the REGuld be filed with the State Dept. of Health prior to 19n. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO D 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Ysor (If either, not fy medical examiner) P.M. 216 PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 216 LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased fram. . 19___ , that (I) (we) last _. fa saw the deceased alive on____ , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above [1] (we)(did)(did not) view the body ofter death. 22b. SIGNATURE 22¢ DATE SH ATTENDING STAFF DEGREE 22d. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g. BURIAL, CREMAT ON, 23b DATE (County) REMOVAL (Specify) 25a. REC'D BY REGISTRAR KUNERAL DIRECTOR 25b REGISTRAR'S SIGNATU 30M REV, 1/68



MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06263 00264 CERTIFICATE OF DEATH 2b. HOUR TO DECEASED-NAME First Middle Lost 2a. DATE OF DEATH deoth. January Month puo (Type or print) funeral Alfred Biebl 1:10M In by the Pages Ther burial, cremotion, or removol, and in any event, within 72 hours after 4. RACE S. DATE OF BIRTH Officer 3. SEX 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthday) DAYS Male White August 9, 1900 YRS. requires that the deoth certificate be executed within 24 hours. 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 8 MARRIED 🔼 NEVER MARRIED 🗌 papers. Baltimore Maryland USA WIDOWED [DIVORCED [signed by the ottending physician and completely filled burial-transit permit. Then please remave carban pape 12g. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 126 KIND OF BUSINESS OR give street oddress) St. during most of warking life, even if retired.) Towson Joseph Hospita Drydock 130 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 13b COUNTY Baltimore NO PC YES [4300 Ridge Rd. Baltimore IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Last M ddla Biebl Barbara Ignatius Unknown 16b. SOCIAL SECURITY NO 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no or unknown) Mrs Viola V. Biebl 4300 Ridge Road 21236 212-09-2106 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute myocardial infarction DUE TO, OR AS A CONSEQUENCE OF Thrombosis of left circumflex coronary artery Conditions, if any, which gave rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Poge 4 moy be retained by the hospital or ottending physician. stating the underlying couse Coronary arterioslcerosis PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the prior to l 420 O FUNERAL DIRECTOR: After this certificate hos been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES T be detached for use State Dept af Health p NO [21a ACCIDENT WAS UNDERLYING 1216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 3 should be detache I with the State Dept 21d INJURY OCCURRED City or Town County State White Not while at work 22a. I certify that (3) (this haspital) attended the deceased from January 4, 19.68, to January 14, 19.68, that (3) (we) last saw the deceased alive an January 14, 19.68, and that in (34) (aur) apinian death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR STAFF PHYS. ATTENDING director, page 3 Should be filed v 1-14-68 DEGREE 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) Lawrence Misanik, M.D. 7620 York Road, Baltimore, Md. 21204 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION (County) (State) REMOVAL (Specify) St. Joseph's Cemetery -17-1968 Baltimore Co. 25b REGISTRAR'S SIGNATURE 25a, REC'D BY REGISTRAR **EUNERAL DIRECTOR** Home 740 (B. Daw



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00263 00265 CERTIFICATE OF DEATH Lost DECEASED-NAME Middle 2a. DATE OF DEATH 2b. HOUR First hours after death. (Type or pr.nt) Month 22 Doy 68 Year KAY BIGELOW 1:25A MARIE 4 RACE S. DATE OF BIRTH F UNDER 1 YEAR 1F JMDER 24 HRS 3. SEX 6. AGE (In years last birthday) MONTHS ! Female Caucasian June 22, 1941 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED TO NEVER MARRIED country) USA Baltimore Penna. WIDOWED | DIVORCED [signed by the ottending physicion and campletely filled if burial-transit permit. Then pleose remove carbon paper burial, cremation, or removal, ond in ony event, within 72 O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 125 KIND OF BUSINESS OR during most of working ife, even if retired.) Greater Balto. Med. Center INDUSTRY Baltimore, Maryland Park Garage Cashier 13c. USUAL RES DENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 3d. INSIDE CITY LIMITS? 13b. COUNTYBaltimore odmission) STATEMarvland Essex YES NO 🔀 2 Cardinal Lane 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Middle Lost Wacker Cruise George Kroh 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, mo ar unknown) (If yes give wor or dates of service) 218 36 9071 Lewis Bigelow, Jr. Same APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Malignant lymphoma IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) rise ta immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the hospital or attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to I 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 19g. DATE OF OPERATION CAUSES OF DEATH? Yes YES X NO 🖂 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR AM Month Day Year 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Nat while at work 22a. I **certify** that (I) (this haspital) attended the deceosed from NOV. 15 , 19.67 , to Jan. 22 , 19.68 , that (I) (we) last saw the deceosed alive an Jan. 22 1968 , and that in (my) (our) opinion death occurred an the date and hour and from the couses stated above. (I) (we) (did) (did not) view the bady ofter death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** MED.
DIRECTOR Jan. 22, 1968 DEGREE 22e. ADDRESS 22d. PHYSICIAN'S Greater Baltimore Medical Center John E. Adams, M.D. NAME (Type) / 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) 23a BUR AL CREMATION 23b DATE THEMOWAL Specify) 1/25/68 Gardens of Faith Cemetery Baltimore, Md. ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE. 24. FUNERAL DIRECTOR Charles! 1968 James L. Bruzdzinski 1407 Eastern Ave. 30M REV. 1/68"



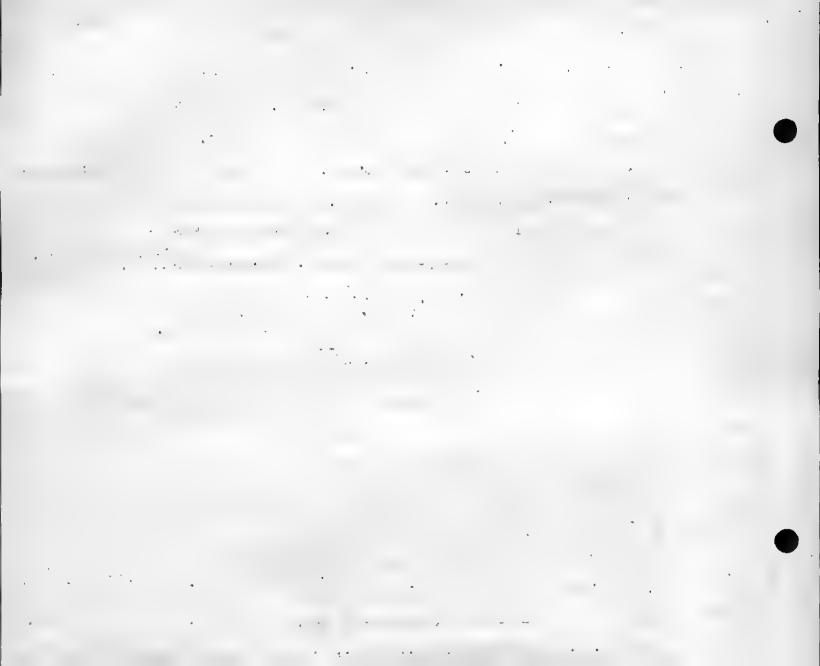
. 1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00266
HEALTH DEPT.	1.1	DECEASED NAME First Middle Lost 2a. DATE KNOWN Month	Doy Year 2b HOUR
		(Type or Print)	
Pog at	1 3	CHARLES A. BISESE DEATH MATED 1/ SEX 4 RACE 5 DATE OF BIRTH 6 AGE (10 years 1 of under 24 hrs. 1/2 DATE PRONOUNCED DEAD	6/68 19 12:30p
2, and 3 to PM3. Page	1	Male White Feb. 17, 1933 34 YRS MONTHS DAYS HOURS M.M. Mgnth Day 6	Year 19 68 1P.M
Por P.	70	BIRTHPLACE (State or foreign 76 (TITZEN OF WHAT COUNTRY? 8 MARRIED FOREIGN APRIED 79 COUNTY OF DEATH	17 00 IF . M
hours ofter deoth the hy delay is them 18. Give Pages 1, 2, and 3 to Office along with farm PM3. Page 1 and 2 with the State Department of after deoth.	øbi	New Jersey U.S.A. WIDOWED DIVORCED Baltimore	Md.
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178 of 188 of 18		Md. Baltimore Towson 6400 Gnarles	Street
hours Item Office I lond 2 after	1 14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	1203
hin 24 nci in I niner s poges I hours	14 -		leischmann
thin 24 miners poges hours		(Vac no of unknown)	
Exar Exar File	-		APPROX HATE INTERVAL
of in the		.8 CAUSE OF DEATH (Enter on y one couse per line for(a), (b) and (c)) PART I. DEATH WAS CAUSED BY.	BETWEEN ONSET AND DEATH
executed nding" Medical permit		IMMEDIATE CAUSE (a) DUE TO, OX AS A CONSEQUENCE OF	DUCKOUR
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should be en ward per on the Chief I buriol-transit		lost 1/6 realfre Lagerre	2 WHC
KAMINER: This certificate should be executed within 24 hours ofter death the the certificate, writing the ward 'pending' in penci in Item 18. Give Pages 1, age 4 should be farwarded to the Chief Medical Examiner's Office along with farm your files. Your files. Yage 3 should be used as a buriol-transit permit File pages land 2 with the State Decremot an, or removal and in any event within 72 hours after death.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND T ON G VEN IN PART 1(0)	
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his certifico ote, writing e farwarder be used as removal o	STIG	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
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NER: T certific hould b liles. should it an, or	A C	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, the PRIMARY OR CONTRIBUTING 1 HOUR A.M	em 1B.)
NER NER houl iles. sho	O DICE	CAUSE OF DEATH P.M. 19 21d IN. JRY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
	-	WHILE AT WORK AT WORK AT WARE AT WORK AT WARE AT WORK	Capity Stote
ICAL EXAMINER: e execute the cert tor Page 4 shouls led for your files. ECTOR:Page 3 shoul			1
ICAL EXPENDED TO PAGE PORTY PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE		22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry death resulted from Natural causes Accident, Suicide, Hamicide, Undetermined manner	j, and 'n my ap nian
director director etamed DIRECT		CHIEF MEDICAL EXAMINER	L.J
y, ple erol di erol di sat Di prigr		SIGNATURE ASSISTANT MEDICAL EXAMINER 226. DATE	SIGNED /
EPUTY SSOTY, I funerol oy be r NNERAL Ith pric		EVAMINED'S DEPUTY MEDICAL EXAMINER [7]	5/65
		NAME (Type) Charles F. O'Donnell, M.D. ADDRESS(Street, city, town, or county)	
TO D nece the 5 m	23	IO BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(Caunty) (State)
A)	Entombment 1/9/68 Dulaney Valley Cemetery Cockeysville, M	
VR ATSME ST		FUNERAL DIRECTOR ADDRESS 250 RECD BY REGISTRAR 25b. REGISTRAR 5	_
10M REV 1/88	W	m. Cook-Brooks Towson 1050 York Rd. 21204 DAVAN 10 1968 Policard	A Judge



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		0.0073	DIVISION OF VI	TAL RECORDS,	301 W. PRESTOR	N STREET, BALTIMO	DRE, MARYLAND 2120	0026	*1*1
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te death cei attending p permit. The		1B. CAUSE OF DEATH (Enter on	ly one cause per line f	or (a <u>) (ii)</u> and (c).)	- 0	0-11	A 10 10	BETWEEN O	MATE INTERVAL ONSET AND DEATH
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nquires tha physician. signed by burial-tran		lost.	(c)	Jes P	we	world	VH		
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rsp osp cert hed	SH CH	21d INTURY OCCURRED 21e	PLACE OF INJURY (AT	HOME, FARM, STREET FACT	ORY 1 216 LOCATION	Street or RED No.	City or Town	County	Stote
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the second secon		caoses stated above	, (1), (we) (did) (flic	d nat) view the b	ady after death.	(// \/			
is significant and the sig		22b SIGNATURE	111 4	A				92c. DATE SIGNED	1
OR ATTEN be retained DIRECTOR: /		Dry ODA W	11 WWZ	u	DEGREE PH	TENDING 4 MED DIREC	TOR STAFF	VII. 10	1968
	(72d. PHYSICIAN'S	1 00	_		a. ADDRESS	-(4		21214
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far u shauld be filed with the State Dept. af Healt		NAME (Type) TO M	(N) W	IZER	3	1009 EVE	CGREEN A	VI-DA	LTUNG
UNI Scrot	230	BURIAL, CREMATION, 23b.	DATE	23c. NAME OF C	EMETERY OR CREMATO		ld. LOCATION (City or Town)	(County)	(State)
P Spirit	D-	REMOVAL (Specify)	1-12-68		ne Park (Balto.	(000111)	Md.
X	24	FUNERAL DIRECTOR	1-12-00	ADDRESS				AR S SIGNATURE	****
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. 1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
w wys		00272 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0268
FOR STATE	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	TO TO THE TOTAL PROPERTY OF THE TOTAL PROPER
HEALTH DEPTA	1. 0	PECEASED-NAME First Middle Lost 20. DATE KNOWN Month I	Doy Yeor 2b HOUR
lay is Page ent of	'	Type or Print) Samue/ Joseph Bond DEATH MATED 1/	30 1966 9 99 M
Pa 33	3 5	EX 4 RACE 5 DATE OF BIRTH 6 AGE (in years 18 CMDER 1 YEAR 18 UNDER 24 MRS 2c, DATE PRONOUNCED DEAD	2d HOUR
PM Pa		m W 2/9/95 last burthday MONTHS DAYS HOURS MINE Manth Doy 32	Veor 1966 1030
	70	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	11-41
E &	(OUr	MARYLAND U.S.A. WIDOWED D VORCED Baltimore	Ма
to to to	10. 4		12b. KIND OF BUSINESS OR
INER: This certificate should be executed within 24 hours ofter death certificate, writing the word "pending" in pencil in Item 18 Give Pages I should be forworded to the Chief Medical Examiner's Office along with farmfiles. 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Delation, or removal, and in any event within 72 hours ofter death.		WOOD LAWN grastest oddess 44. Ry, 5. BALTO. 7, MD during most of working I te. even the ted.)	L ABOR ER
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m 1 Fice and 2	14	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
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hin 24 nal in niner's pages hours	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
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thin the		1B. CAUSE OF DEATH (Enter on y one couse per line for (o), (b) and (c).) PART 1 DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
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(AMINER: This certificate should be executed witte the cert ficate, writing the word "pending" in perform files. age 3 should be used as a buriol-transit permit. File cremation, or removal, and in any event within 72		PART 2. OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE OR CONDITION GIVEN IN PART 1(0)	
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wr wr rwc nov	1 E	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
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d b		216 EXTERNAL CAUSE WAS 21b. TIME OF NJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter notice of in Jry in Port 1 or Port 2, Item PRIMARY OR CONTRIBUTING 1 HOUR A.M.	n 1B)
cert cert coul es.	MEDICAL	CAUSE OF DEATH P.M 19	
	墨	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town foctory, office building, etc.)	County State
XAM Jite th ge 4 your Page crem		WHILE NOT WHILE TOCTORY, OFFICE DUILDING, 9TC)	
DICAL EXAMINER: sse execute the cert ector. Page 4 should mined for your files. RECTOR: Page 3 shoul o buriol, cremation,		220. I certify that I took charge of the remains described above, held an Autopsy , Inspection 💢, Inquiry 📋,	ond in my opinion
Ed for ed Co		death resulted from: Notural couses 🔀 Accident 🗍 Suicide 🧻 Hamicide 🗍 Undetermined manner [
please et l'alrector. Director to bur to bur		CHIEF MEDICAL EXAMINER	1/30/68
ry, ple eral di be reth prior		SIGNATURE amos N. the derick MD ASSISTANT MEDICAL EXAMINER [220 DATE SI	GNED
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necessory, please execute the funeral director. Page 4 5 moy be retained for your for Funemal Directors. Page Health prior to buriol, crem		NAME (Type) James Nitredevick ADDRESS(Street, uty town, or county) Belto	mo 21227
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		BURIAL 2-2-68 HOLY REDEEMER CEM. 4430 BELAIR RD.	BALTO, MD
-1	24	FUNERAL DIRECTOR 1 . 25b REGISTRAR S S	
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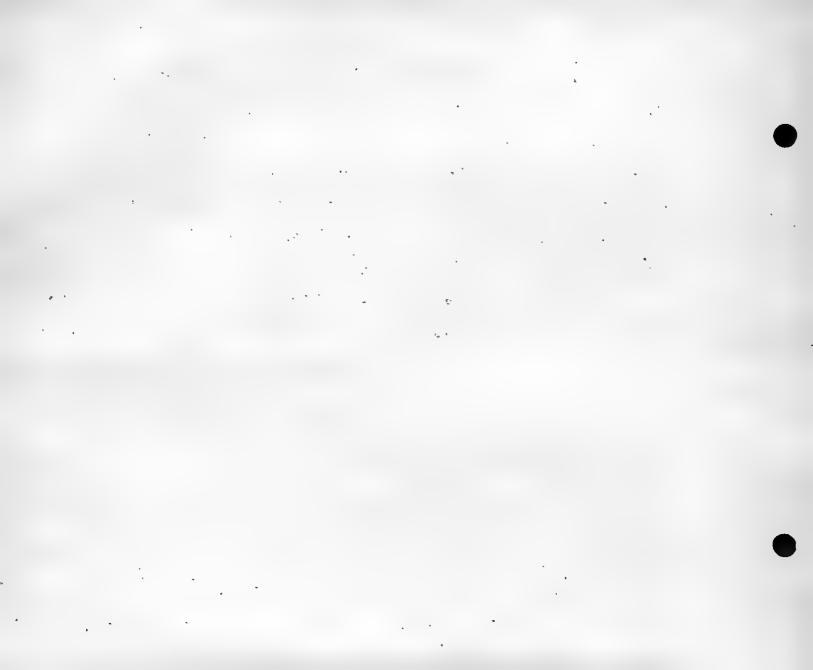
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filled pape thin 77		CITY OR TOWN OF DEATH	U.S.A.	ME OF HOSPITAL OR INSTITU			BALTIMORE COU. (UPAT ON (Kind of work done		Md.
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reta reta with	1	22b. SIGNATURE		- / ^	ATTEND	NG MED.	C STAFF C	. DATE SIGNED	
De See		() 10 / //	West	Sny	DEGREE PHYS.	DIRECT	OR LJ PHYS. LJK	1/30/68	
may be retained by the haspital ar attending RAL DIRECTOR: After this certificate has been page 3 shauld be detached for use as the be filed with the State Dept. af Health priar ta		22d PHYSICIAN S NAME (Type)			22e. ADI		WARD, MARYLAN	D	
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Page dire	230	REMOVAL (Specify) 2-	2 -68		ORE NATION			(coonly)	landing
	24.	FUNERAL DIRECTOR	٧٠ ٠٠	ADDRESS		25a REC'D BY RE	STRAK 250 REGISTRAD	S SIGNATURE	
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				1701 Laure	ns Dt. Bal	timore, Wo			-

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			00274	DIVISION OF V			TON STREET, BALT E OF DEATH	IMOKE, MAKTLA		0270	
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•	24 hourson	coul	Maryland	75. CITIZEN OF WHA		WIDOWED [NEVER MARRIED [] DIVORCED []	9. COUNTY OF DEAT	Н	altimo	ore, Md.
	ad within sont, within	F	TITY OR TOWN OF DEATH	give str	NE OF HOSPITAL OR INS	Dunho	lme Racing m	AL OCCUPATION (Kind lost of working life o	(Termed)	126 KIND OF INDUSTRY	BUSINESS OR Bank
	e executed and comple remove ca n ony eveni	adm	USUAL RESIDENCE (Where deceosission) STATE Md.	13b. COUNTY B	alto.	Rstrst	own YES IX N	0 1004	Dunhol	me Roa	
	be ex		FATHER'S NAME First Henry	Middle	. lost G raf		other's maiden name Julie		Middle nerine	Kelle	last
	rtificote physicie en plea ovol, ar	160.	WAS DECEASED EVER IN U.S. ARM (es, no or unknown) (11 yes give w	or or dates of service) WW 1/2	66. SOCIAL SECURITY N 14 -1 8- <i>5</i> 8	0 17 INFO	Cameron V	.Booze-]	Address LOO4 Du	nholme	Rd.
	requires that the death certificate be executed very physicion. signed by the attending physician and complete buriol-transit permit. Then please remove carbo burial, cremation, or removal, and in any event,		18. CAUSE OF DEATH (Enter and PART 1. DEATH WAS CAUSED	iy ane cause per line) BY: NTE CAUSE (a)	for (a), (b), and (c))						MATE INTERVAL VSET AND DEATH
	the att the att nsit per mation,		Conditions, if ony, which gove trise to immediate couse (a), (DUE TO, OR AS	A CONSEQUENCE OF pullary	conta	oleno Carci	noma of	- ovarie	, 10	7 mo
	quires thi physicion. signed by buriol-tral		stating the underlying cause last.	(c)							
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	AN: The law re of or attending icate hos been for use as the Health prior to	CERTIFICATION	5/17/66 0	a of o	H OPERATION WAS PER		20a. AUTOPSY? YES NO D	CAUSES OF DI			KTIFYING
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	G PHYSIC the hospir r this certif detached te Dept. o	~	at wark at wark				ON Street at R.F.D. No			County	Stote
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	OR AT be retof DIRECTO JRECTO		226 SIGNATURE Avel)mmmk			MED STAI	FF 22c. D	ATE SIGNED	-68
	TO HOSPITAL OR ATTENDING PHY Poge 4 may be retoined by the h TO FUNERAL DIRECTOR: After this director, poge 3 should be detact should be filed with the Stote Dep			lman W.					ul Str	e et -	21218
	TO HOSPIT Poge 4 m TO FUNER director, I			DATE 1.6,1968	Garden	emetery or creases of F	aith	23d. LOCATION (CIT	more.	(Gounty) Maryla	(Stote)
	VR A S N SB	24.	FUNERAL DIRECTOR H. Sander	& Sons.	Inc. B	alto	Md. DATE I A A		Sb. REGISTRAR'S S		leit.



	1	MARYLAND STATE DEPARTMENT OF HEALTH	
		00275 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		CERTIFICATE OF DEATH 00271	
= (-54)		ECEASED-NAME First Middle Lost 20 DATE OF DEATH 2b HOUR	1
e de le	(1	Type or print) William C. Boughan. Sr January 6 1968 1.301	4m
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S 9 9 8	L	male white october 9,1905 62 YRS	м.
by by loving	70 ! cous	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
d in pers	ĽZ	TOIN IA U.S. F. WIDOWED DIVORCED TO EIFIMORE	Md.
	10 0	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 12b. KIND OF BUSINESS OR during most of working life, even if retired.)	
ecuted within 24 campletely filled ove carban pape y event, within 77	L	+ roulus 5294 penson (AVC. Maintance nan 1297 R	
ed y	130	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIM TS? 13e STREET AND NUMBER 13b CQUNTY 1.5 YES TO NO TO STATE 15b CQU	
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and company	14. 1	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost	
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e death certificate t attending physician permit. Then please an, ar remaval, and	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, and ar unknown) 11 yes give war ardates at service)	
rtifi phy en p		NO 217-03-3627	=
e Ly		18. CAUSE OF DEATH (Enter anly one cause per line for (a) (b), and (c).) PART I, DEATH WAS CAUSED BY	_
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ath peri	L	15 °. O DUE TO, OR AS A CONSEQUENCE OF	
the the sit is		Conditions if any which gave inse to immediate cause (a). (b) Carcinoma Kellyperilaneal 14 mms	_
tan tan		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
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al a la ficat far He He He		FOR CONTRIBUTING FT CAUSE OF DEATH HOUR A.M. Manth Day Year	
PHYSICIAN: ne haspital ar this certificate etached far u Dept. af Heal	MEDICAL	[If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street ar R F.D. Na. City ar Town County State	
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OR:	L	causes stated abave, (1) (we) (did) (d id not) view the body after death.	
OR ATTENI OR ATTENI be retained DIRECTOR: A Je 3 should ed with the		22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED	Ţ
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The or office has offith p	CERTIFICATION			YES NO Z	CAUSES OF DEATH?	
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~ = -		While Nat while at work			·	
		22o. I certify that (I) (ti	his hospital) attended the deceas	ed from April 24 , 19 19 59 and that in (my) (our) op	03, to Jan 24, 19	00 , that (I) (we)-last
OR ATTENI De retained SIRECTOR: A e 3 should ed with the		conses stoted opon	e, (I) (we) (did) (deleta) view the	body ofter deoth.	mion death accurred on the di	ore ond nour ond from the
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Pog Pog	L	22d. PHYSICIAN S	N N N	22e. ADDRESS		•
FO HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 should should bill filed with the			A. Nesbitt, Jr.,M.		derick Rd., Baltin	nore, Ma.
HO Bage FUT	230	BURIAL, CREMATION, 23b. REMOVAL (Specify)	DATE 23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
- D	■ 7.76	FUNERAL DIRECTOR	127-1968 Low	dan Parplino	Salto 11	CICHATURE
VR A15 (4)			ADDRESS 6601	FREDERICK 250. RECD E		DIGNATURE OF ASA
DOTTING 1700 6		RLEY CAVANA	OGH F. HOME PAI	TO 1410 21228 A DATE JA	N Z 9 1958 100	areas more



				STATE DEPARTMENT OF H		
AND SECTION OF		36277 DIV		DI W. PRESTON STREET, BALTI	MORE, MARYLAND 21201	0.000440
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equires t physicia signed t burial-tr burnal, c		PART 2 OTHER SIGNIFICANT CONDITION		RELATED TO THE TERMINAL DISEASE ORCO	ONDITION GIVEN IN PART 1(0)	
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the law reattending attending has been se as the hariar taken taken the hariar taken taken the hariar taken	ATIO	190. DATE OF OPERATION 19b. CONDI	TION FOR WHICH OPERATION WAS PERF	ORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONS	IDERED IN CERTIFYING
: The practite to the pass of	CERTIFICATION			YES NO 🗆	CAUSES OF DEATH?	
Care are lead		21o. ACCIDENT WAS UNDERLYING ☐ ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. Month Day Year	21c. HOW INJURY OCCURRED (Enter	noture of injury in Port 1 or Port 2, Item	n 18)
YSICIAN: ospital or certificate thed for u	MEDICAL	(If either, notify medical examiner)	P.M. 19			
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filliple director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon pershauld be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, within	Σ	21d. INJURY OCCURRED 21e. PLACE While Not while 1 at work 1 at work 1	OF INJURY (AT HOME FARM, STREET, FACTO OFFICE BUILDING, ETC.	21f. LOCATION Street or R.F.D. No.	City or Town	County State
ATTENDING etained by th CTOR: After 1 shauld be d	1	22a. I certify that (I) (this ha	spital) attended the deceased	from MAY , 196	2, to 1-19-, 196	と, that (i) (yyg) last
ed bed bed bed be She She She She She She She She She Sh		saw the deceased alive of	(we) (did) (did not) view the bo	(a)S., and that in (my) (a)of) api	nian death accurred an the date	and haur and from the
ATI Togalist the state of the s		22b SIGNATURE	(Me) (did) (did-mail) view life bu		22¢. DAT	TE SIGNED
OR ATTENDING PH be retained by the h DIRECTOR: After this ge 3 shauld be detac led with the State Dep		Th. X	. Lunn	DEGREE PHYS DI	ED. STAFF PHYS. 1 -	/ /
AL Dag		22d. PHYSICIAN S NAME (Type) M. K.	\	22e ADDRESS	Family D.J. Manual	363
HOSPITAL ge 4 may FUNERAL rectar, pa	L	Manufishe) M. V.	Quinn		York Rd. Timonium,	
O HOSPITAL Page 4 may O FUNERAL director, pag shauld be fil	230	BURIA., CREMATION, REMOVAL (Specify)	3/1968 GREENY	METERY OR CREMATORY		County) (State)
	74	JORTAL DIRECTOR	ADDRESS	. / 2So. RECD_R	REGISTRAR ZSb. REGISTRAR'S SIG	NATURE
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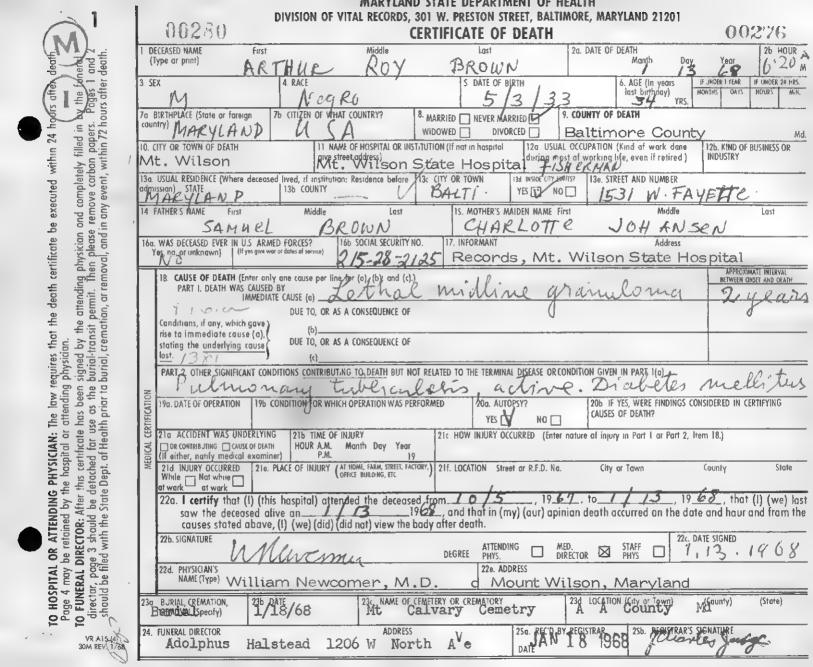


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11	,	$\langle \cdot $		00278		CERTIFICATE OF D	EATH		00274
ے:	A city	ş \\		CEASED-NAME First	Middle	Lost	2o. DATE		2b. HOUR
eatt	Tuneral Ter death	100	(1	ype or print) ERNO	ST M.	Beisco	2.JR	Month Doy	1968 800 M
5		-	3. SE		4. RACE	S. DATE OF BIRTS	1	6. AGE (In years	IF JINDER YEAR IF UNDER 24 HRS.
affe	by the f Pages aurs afte			Male	White	1-20	-1914	last birthdoy)	MONTHS DAYS HOURS MIN
aurs	by Peur			BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED 1 NEVER MARRIE	9. COUNTY		
4 Pc	filled in papers hin 72 h		(001	Chester Pa	U.S.A	WIDOWED DIVORCE		altimor	Md Md
Ë	filled pape thin 77	1973		ITY OR TOWN OF DEATH		R INSTITUTION (if not in hospital	120. USUAL OCCUPATION during most of working	N (Kind of work done	12b. KIND OF BUSINESS OR
× i	rban wi	17	_	ch Raven Villa	96	Lia GITY OR TOWN	BROKER	<u></u>	Insurance
nted	and completely fremave carban n any event, with			usual RESIDENCE (Where deceo	ised lived, if institution: Residence before 13b. COUNTY	I am h PANEN V	INSIDE CITY LIMITS? 13e	STREET AND NUMBER,	Caven Blud
ехес	and co remai	1	14. 1	ATHER'S NAME First	M.ddle Los		EN NAME First	Middle	Lost
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GE	DE E			18 CAUSE OF DEATH (Enter o	nly one couse per line for (a) (b) and	101	100	/	APPROXIMATE INTERVA BETWEEN ONSET AND DEATH
eath	attending p permit. The ian, or rema			PART I. DEATH WAS CAUSE IMMEDI	ED BY IATE CAUSE (o)	Myocardeal	- dayavey	1037	minutes
e d	ath perri			410,1	DUE TO, OR AS A CONSEQUENCE	11/2	machazetii		11-1-4-1
∓	the usit p			Conditions, if ony, which gove rise to immediate couse (a),	(0).	amary Ulner	P83 Q1-76473		7-3-7/
¥ is	signed by the burial-transit burial, cremat			stoting the underlying couse lost.		OF			
uire	gne urial				ONDITIONS CONTRIBUTING TO DEATH BU	IT NOT DELATED TO THE TERMINAL D	ISEASE OR CONDITION GO	/EN IN PART 1(a)	
9 6	6 55. T			FART 2 OTHER SIGNIFICANT CO	MUITONS CONTRIBUTION TO DEATH DO	IT NOT KEDGED TO THE TERMINAL D	ISENSE OR CONDITION OF	TEN IN TAKE 1(0)	
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he	ar ar arrenaing icate has been far use as the Health priar ta	X	CERTIFICATION			YES 🗀		SES OF DEATH?	
	at a si			210. ACCIDENT WAS UNDERLY		21c. HOW INJURY OCCUR	RED (Enter noture of in	jury in Port 1 or Port 2,	Item 18.)
E CA	this certificate has been etached far use as the EDept. of Health priar ta		MEDICAL	OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. Month Doy Y	'ear 19			
IYSI	this certi detached te Dept. a		WE	21d INJURY OCCURRED 21e	PLACE OF INJURY (AT HOME FARM, STREE	T, FACTORY, 21F LOCATION Street o	or R.F.D. No.	ty or Town	County State
4	this Jeto e De			of work of work				/	
NE A	After be c			22a. I certify that (1) (1)	his hospital) attended the dece	eased fram Clus.	, 19 <u>_5</u> Z, ta	, 19	6/ , that (I) (we) last
OR ATTENDING PHYSICIAN: The law requires the	유민소			saw the deceased of	alive an (did) (sidest) view t	19 <i>e_∠,</i> and that Ø/(my). the bady after death.	(our) o pinian deatl	n accufred an the do	ate and haur and tram the
A TA	ECTOR: / S shauld with the			22b. SIGNATURE			/		DATE SIGNED
8 8	L DIRE			Jesle	, CIMMELY	7311) DEGREE PHYS		STAFF PHYS.	10/68
O HOSPITAL	Pog Pog pe fill	1		22d PHYSICIAN S NAME (Type)	TER A. WALL	22e ADDRE	395x, 6	64/ SX	21207
HOS	o FUNER director,	()	230		DATE 235 NAME	OF CEMETERY OR CREMATORY	. // /	HON (City or Town)	(County) (Store)
01	2 2 5 7/	1		REMOVA (Specify)	11/1968 /1/02	aland Mamacial	Cent Erylo	RUVE DO	11to - MO
	VR AT (4)	OR.	24.	FUNERAL DIRECTOR	do fold Homo 10	2500 YORKROL 25	JAN 15	968 25b. 1953 A.S.	Judge !
	GOVERN NEW YORK		11	price will	00/04/10/10		AIE	- 7	0



* \. /	MARTIAND STATE DEPARTMENT OF REALTH
_X	Items 5 & 6 Film G397 1/29/68 kk CERTIFICATE OF DEATH
(1)	CERTIFICATE OF DEATH
F = 125X	1. DECEASED-NAME First Middle Lost 20 DATE OF DEATH 25 HOUR / Month 2 Days C Year
death death	(Type or print) John Raymond Brohawn January 19, 1968 Feer 12, 1968
2 2 5	3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years I FUNDER 1 YEAR) IF UNDER 24 HRS
Pages urs affe	Male White May 30.1919 1907 60 39 YRS MONTHS DAYS HOURS MN
requires that the death certificate be executed within 24 haurs g physician. signed by the attending physician and campletely filled in by a burial-transit permit. Then please remaye carban papers. Pag a burial, crematian, ar removal, and in any event, within 72 haurs	70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED X NEVER MARRIED 9. COUNTY OF DEATH
d in 3 72 h	Maryland U.S.A. WIDOWED DIVORCED Baltimore
Fille Pin 2	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR
with Section ()	give street oddress) 510 Castle Drive during most of working life, even if retired.) Foreman Allied Chem.
od v	130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before, 13c, CITY OR TOWN), 13c, INSIDE CITY UM/152, 13e, STREET AND NUMBER
amp swe	demission STATE 13b. COUNTY YES NO 510 Castle Drive
exe emd emg any	14 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
be are are	John Raymond Brohawn Grace K, Stanton
ate iciar leas	160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b, SOCIAL SECURITY NO. 117, INFORMANT Address
hys n p val,	Yes, no, or unknown) [II yes give wer or dictes of service] 415-07-3811 Carolyn F. Brohawn Same
G B D D D D D D D D D D D D D D D D D D	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) APPROXIMATE INTERVAL, BETWEEN CHIEF AND DEATH
ath Pire it is	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock, david Chroulatore, collapse 12/2
atte	DUE TO, OR AS A CONSEQUENCE OF
the c	Conditions, if any, which gove) (2) Prince Logical Pal, 211 Side accounts
hat Jy the	rise to Immediate couse (o), storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF
The law requires the attending physician. has been signed by se as the burial-traith prior ta burial, cre	ost (c) Chronice-bronchesters empherence 42 fel
Tuird shys igne urio	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
ng p	- Lettouennewertones for acremonia of line
ndiin bee	190. DATE OP OPERATION 196. CONDITION FOR WHICH OPERATION WAS BEREARMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The atternation has hore	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS BEREARMED 200 AUTOPSY? CAUSES OF DEATH? 3 - 17 - 66 CAUSES OF DEATH? 100. ACCIDENT WAS UNDERLYING 1216; TIME OF INJURY 1210. ACCIDENT WAS UNDERLYING 1216; TIME OF INJURY
or use	
ital A Farance	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19 2 County Of CURDED 210 PLACE OF INJURY AND STREET FELTORY 1 214 LOCATION Street or P.E.D. No. 1940 County State (August 1 200 August 1
PHYSICIAN te hospital d his certifical stached far Dept. of He	
OR ATTENDING PHYSICIAN: be retained by the hospital or URECTOR: After this certificate je 3 shauld be detached far u ed with the State Dept. of Heal	While Not while of work of work
N The tend of tend of tend of the tend of tend of tend of the tend of tend	220 sertify that (1) (this haspital) attended the deceased from \(\lambda 24 \cdot 7, 19 \(\text{(a)} \), to \(\text{(a)} \), \(\text{(b)} \), \(\tex
ATTENDIN efained by CTOR: After shauld be	saw the deceased alive on CANIA 1968 and that in (my) (our population death occurred on the date and hour and from the
OS Saul	causes stated abave, (I) (we) (did) (did-not) view the bady after death.
Witten	22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED
be r Berge 3	The second of th
may may po po fi	22d. Physician's NAME (Type) Dr. Frederick J. Vollmer 22d. ADDRESS 6100 York Rd. B ltimore, Md.
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the hospital or aftending physician. D FUNITAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 haurs after the page of the page o	
H B E E E	230. BJRIAL, CREMATON, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
5 5 ///	REMOVAL (Specify) 1-22-68 Belair Memorial Gardens Bel Air Maryland
VR A15 (4)	24. FUNERAL DIRECTOR Mitchell-Wiedefeld Home, Inc. 6500 York Road Baltimore, Md. 21212 DATE 250 RECDIBY NG TRANS 10 88 REG STRANS SUGMATURE. DATE
30M REV 1/68	6500 York Road Baltimore, Md. 21212 DATE

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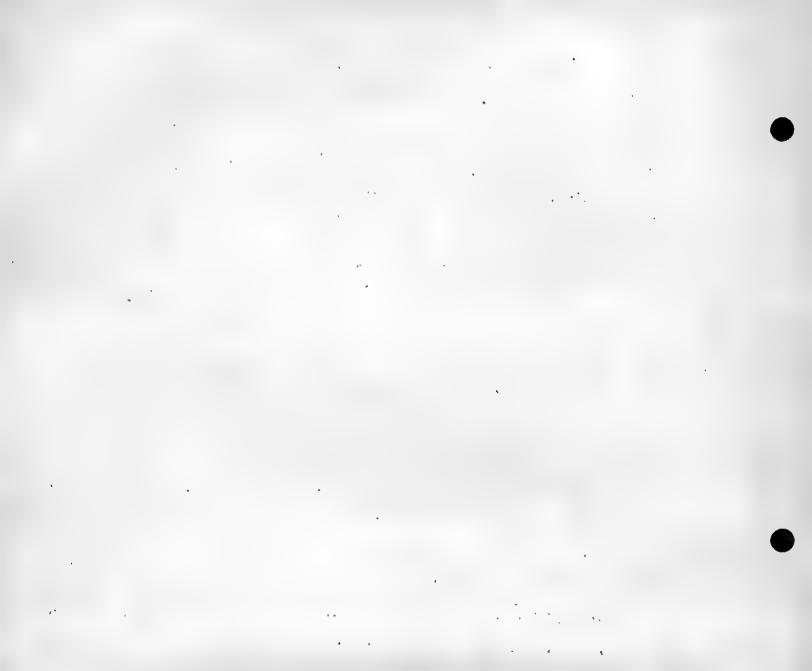
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06281 00277 CERTIFICATE OF DEATH 1. DECEASED-NAME Lost 2a. DATE OF DEATH 2b. HOUR First **FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funefal director, page 3 shauld be detached far use as the bursal-transit permit. Then please remave carbon papers. Pages that shauld be filed with the State Dept. af Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death (Type or print) Month BROWN ZEDRICK S. DATE OF BIRTH 4. RACE 1F JNDER 3. SEX 6 AGE (In years last birthday) MONTHS HOURS 7/24/16 NEGRO MALE YRS within 24 haurs 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED X NEVER MARRIED 7 (duetry) BALTIMORE COUNTY WIDOWED [DIVORCED [U.S.A. SOUTH CAROLINA I campletely filled in mave carbon paper 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during most of working life, even if retired.)
TRUCK DRIVER INDUSTRY FORT HOWARD VET. ADM. 13a, USUAL RESIDENCE (Where deceased lived if institution, Residence before M3c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY DIMITS? requires that the death certificate be executed admission) STATE 13b. COUNTY YEST NO. 4514 Bonner Road MARYLAND BAITIMORE 14 FATHER'S NAME Last IS. MOTHER'S MAIDEN NAME First First Hattie Gillian Brown Van 16b SOCIAL SECURITY NO. 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 218 05 20 80 CLINRECORDS VA HOSPITAL ET HOWARD YES 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) BETWEEN ONSET AND GEATH PART I DEATH WAS CAUSED BY: PNEUMONIA, ASPIRATION, BILATERAL, UNDETERMINED ORGANISM - DAYS IMMEDIATE CAUSE (o) DUE TD. DR AS A CONSEQUENCE OF LEFT CEREBRAL HEMORRHAGE 2 WEEKS Conditions, if any, which gave: rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. **DEUNERAL DIRECTOR:** After this certificate has been signed by stating the underlying couse CEREBRAL ARTERIOSCLEROSIS UNKNOWN PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND TION GIVEN IN PART 1(a)

ARTERIOSCIEROTIC HEART DISEASE, REMOTE & RECENT MYCCARDIAL INFARCTION, LEFT 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO [21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) GR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. (If either, natify med cal examiner) 21e PLACE OF INJURY (AT HOME, FARM, STREEF, FACTORY.) 21f. LOCATION Street of R.F.D. No. 21d INJURY OCCURRED State City or Town County While Not while of work 22a. I certify that (lic(this haspital) attended the deceased from 1/9/68 saw the deceased glive on 1/24/68 19 , and that in (re , to 1/24/68 , and that in (rev) (our) opinion death accurred on the date and hour and from the couses stated obove (we) (did) (did not) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DEGREE DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) NEILON NEILSON, M. D. HOWARD, MARYLAND VAH FORT 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION 9 BATITIMORE NATIONAL BALITIMORE MARYT.AND 250 REC'D BY REGISTRAR -FUNERAL DIRECTOR VR A15 (4) CHARLES LAW FUNERAL HOME WITH 30M REV, 1/68 Madison Ave. Baltimore, Md.



	t	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		96282 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 002'78
HEALTH DEPT.	1. 0	PECEASED NAME First Middle Lost 2g DATE KNOWN FD Month Day Year 2h HOUR
4/14/2	(Type or Print) MAYNANA M. BILCK DEATH MATED 1/18/19/8/645M
a ta	3 5	EX TRACE S DATE OF BIRTH 6 AGE IN YOURS FUNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 2d HOUR
9 5 5	L	MONTH Day 18 Year 1968 45 M
		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COLNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	_	"PENNA: UVDITA. WIDOWED DIVOKED DIVOKED DIVOKED MA
hours ofter deoth Item 18 Give Poges Office along with fo 1 ond 2 with the State after deoth	ال	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital Occupation (Kind of work done give street poddess) to Mild of working the even if retired) INDUSTRY LUCK in a
s ofter 18 Gw along with death		USUAL RESIDENCE (Where deceased lived, if institution Residence before 35, City or Town 1136 INSIDE CTY LIM 157 13e. STREET AND NUMBER of mission) STATE Penna, 13h COUNTY or K Show 35 ULL YES NO 12
hours Item 14 Office 1 ond 2 v	14, 1	
24 hours on them 18 is Office all s lond 2 with the control of the	L	Emerson C. Buck, Sr. Georgia C. Houdeshell
hin nail miner page hous		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 137 INFORMANT BUCK ST. Le Contes Mills, R.D. (16s. no. or unknown) 15 18 90 w or or dologod service) 162-32-172/Emerson Buck St. Le Contes Mills, R.D.
ed will in pe I Exor I. File in 72		18. CAUSE OF DEATH (Enter only one cause per fine for (o), (b), and (c)) APPROXIMATE INTERVA. BETWEEN OWSET AND DEATH
xecuted nding" in Medical E. permit. E.		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Askelyheria from Cronhagosa 7 Chest
exe endi Me i pe		DUE TO, OR AS A CONSEQUENCE OF
d hief		Cond trans, if any, which gave arise to immediate cause (a).
should be exceed word "pend if the Chief Me uriol-transit perion only event		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
should be en word "per or the Chief in buriol-transit in ony ever		last. (c)
This certificate should be executed cate, writing the word "pending" in be forwarded to the Chief Medical E be used os a buriol-transit permit. For removal, and in ony event within		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
certifi , writu orward used c moval,	TION	190. DATE OF OPERATION 19b. CONDITION FOR EVALCH OPERATION 20. AUTOPSY?
fs ce for for e us	CERTIFICATION	WAS PERFORMED?
	CERI	21a EXTERNAL CAUSE WAS 21b. T ME OF INJRY Month Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18)
KAMINER: te the certifi ge 4 should your files. age 3 should cremat on, o	MEDICAL	PRIMARY THE CONTRIBUTING HOURAM. 1/18 1968 Car fellow Chest
a to the light	ME	21d. N.JRY OCCURRED 21e PLACE OF INJURY (At home, farm, street, and street, an
L EXAMINER: ecute the cert Page 4 shoul for your files. DR:Page 3 shou iof, cremot on		AT WORK AT WOR
ICAL E executor Parent		22a. I certify that I taak charge of the remains described abave, held an Autapsy 🔲, Inspection 🔼 Inquiry 🔲, and in my apinion
director etoined DIRECTOR		death resulted fram Natural causes , Accident . Suicide , Hamicide , Undetermined manner
please direct direct retoine DIREC		ACTUAL / LA 7
JIY DICA iry, please e eral director be retoined RAL DIRECT prior to bu		SIGNATURE
o DEPUTY DICAL EX necessmy, please execut the funeral director Pag 5 may be retained for y 5 FUNERAL DIRECTOR: P Health prior to buriol,		EXAMINER'S NAME (Type) P. 17. FRANCE H.D. DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, tawn, ar county)
TO DEPUTY necess=Ty, the funer 5 may be CO FUNERA Health pr	230	BURIAL (REMATON) 236 DATE / 23c NAME OF CEMETERY, OR CREMATORY 23d LOCATION (City or Town) , (County) (State) (
⊢		Bundal (Soegity) 1/22/68 Gillingham Cem. Girard Tunsp. Clearfield & Pa.
,,, , , , , , , , , , , , , , , , , ,	24	TONERA DIRECTORY 250. REC D BY REGISTRAR 256 REGISTRAR S SIGNATURE
VR A15ME [5] 10M REV 1 68	2/	Lacol Harlenstein, Hew treedom, ta, DATEJAN 22 1968 peliarles Juiges
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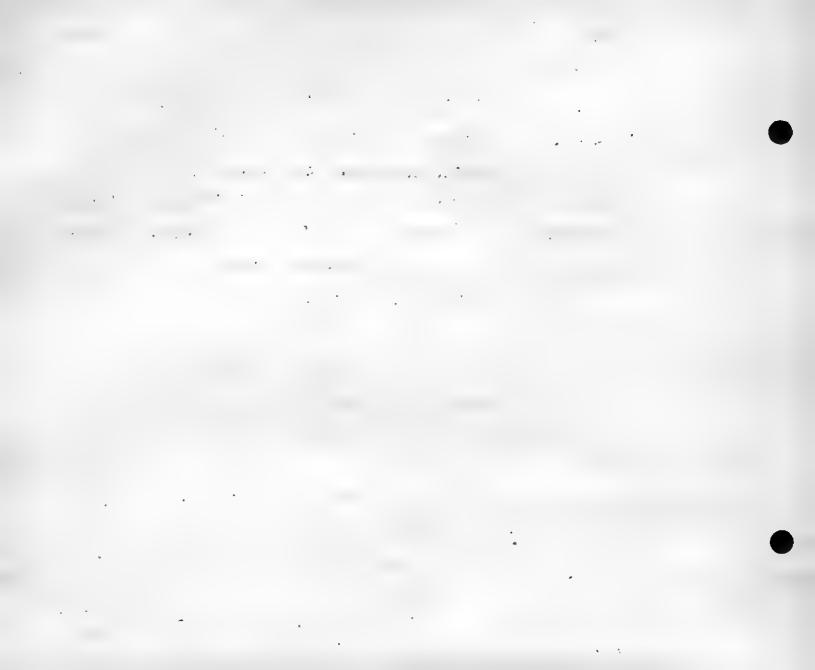


į į		MARTLAND STATE DEPARTMENT OF HEALTH	
1	í	division of vital records, 301 W. Preston Street, Baltimore, Maryland 21201	
•		Item 2a Film G399 4/1/68 kk CERTIFICATE OF DEATH 00279	
1 Later De Rice	I DE	CEASED NAME First Middle Callost 2a. DATE OF DEATH 72 2b HOUR	
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00284 00280 CERTIFICATE OF DEATH DECEASED NAME First 2o. DATE OF DEATH death (Type or pont) Manth Stal 211 IF LINDER YEAR LE TINDER 24 HRS 4. RACE S. DATE OF BIRTH 6 AGE (In years within 72 hours after 3. SEX TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after by m. Poges DAYS HOURS last birthday) White 12-13-92 ググ YRS o male 9 COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED MEVER MARRIED country) campletely filled in love carbon papers. 11.5 a WIDOWED 5 DIVORCED [12a USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 125 KIND OF BUSINESS OR IO CITY OR TOWN OF BEATH INDUSTRY give street address) during most of working life, even if retired) GREATER event, 1 13a. JSJAL RESIDENCE (Where deceased lived, if Institution, Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIM TS7 13e. STREET AND NUMBER 21057 admission) STATE 136. COUNTY B NO X YES [Manor buriol, cremotion, or removol, and in ony Middle IS MOTHER'S MAIDEN NAME First M. ddle 14. FATHER'S NAME Lost First and Smith Walter QURA physicion 166. SOCIAL SECURITY NO Address 17_INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, 90, or unknown) (if yes give war or dotes of service) APPROX MATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).)
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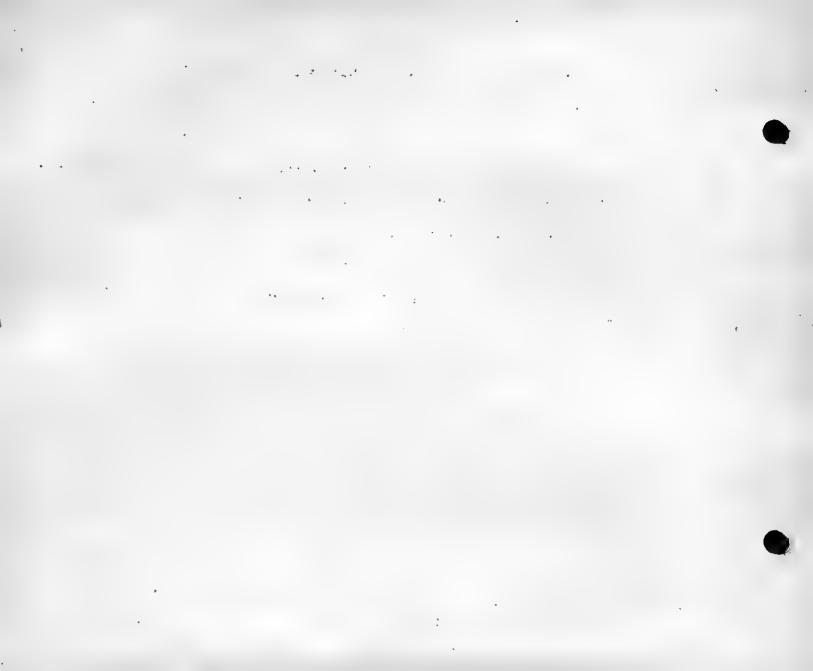
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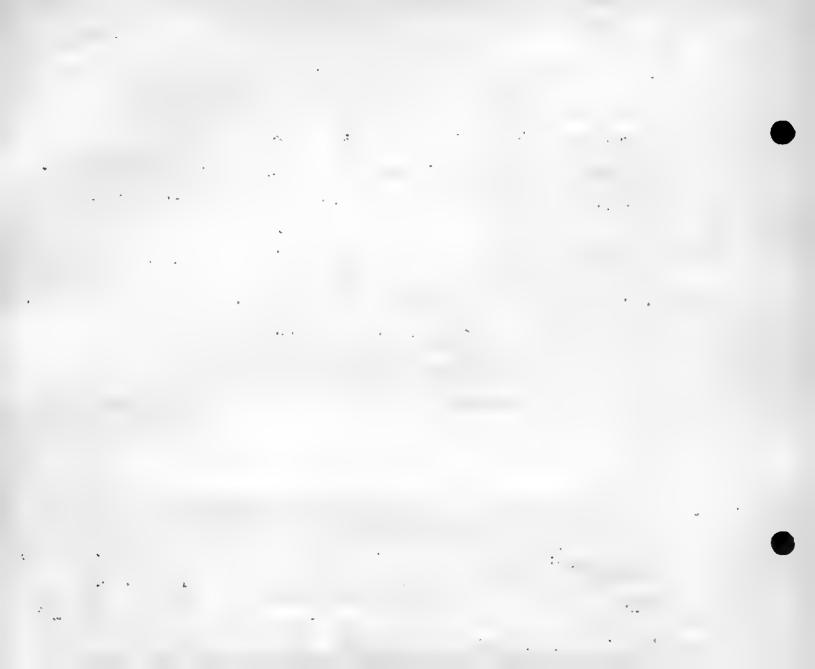
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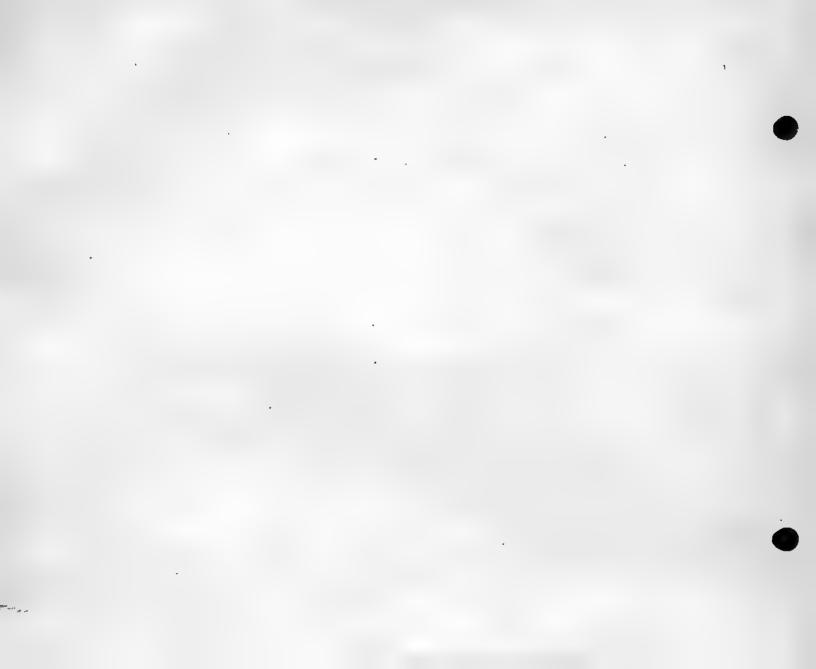
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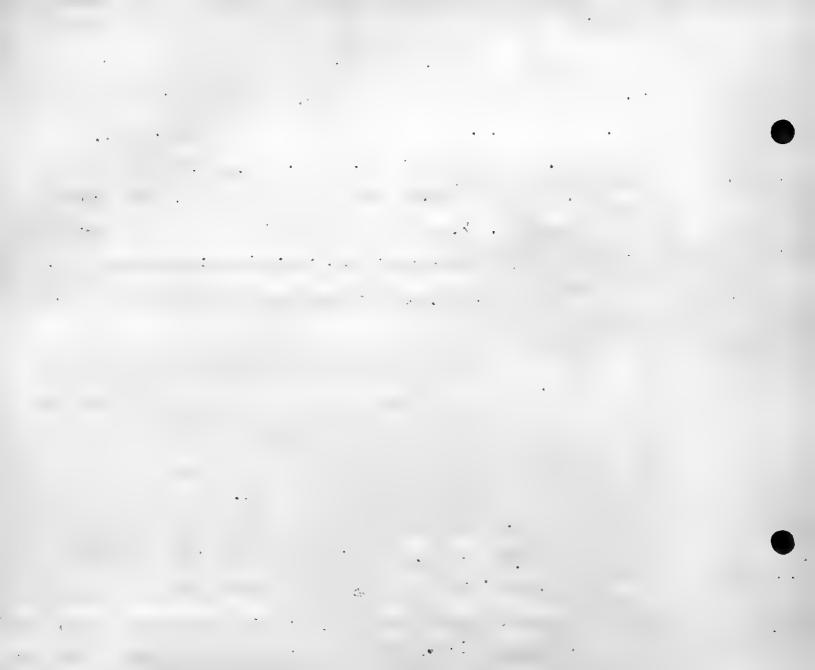
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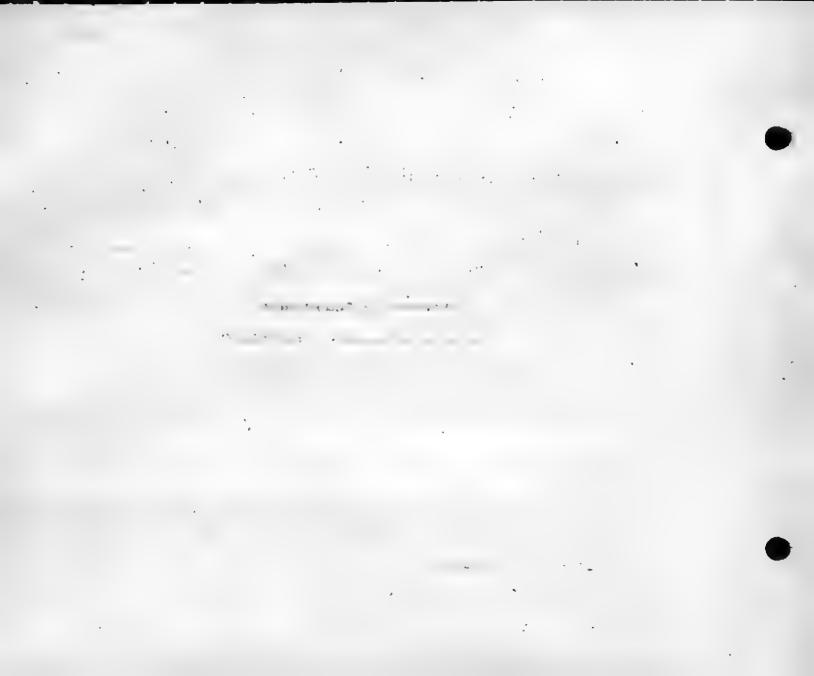
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	WE .	21d INJURY OCCURRED 21e PLACE OF N. JRY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town	County State
KAN te t Je 4 your		WHILE NOT WHILE foctory, office building, etc.)	
Pogor y		22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection P. Inquiry	and in my apinion
E G G G G G G G G G G G G G G G G G G G		death resulted fram: Natural causes [V], Accident [], Sujede [], Homicide [], Undetermined monne	
please direct direct DIRECt DIRECT OF 10 F		CHIEF MEDICAL EXAMINER	
JIY SIC.			TE SIGNED /
DEPUTY SICAL E CESSGY, please exect e funeral director. Po moy be retained for FUNERAL DIRECTOR: salth prior to buriol,		EXAMINER'S A DEPUTY MEDICAL EXAMINER	130/68 Mp
necessary, the funerol 5 may be 10 FUNERAL Health pri		NAME (Type) HELY IN D. DAYIS M. D ADDRESS (Street, city, town, or county & SOO MORA	1/116-70N S [N. W. DAN)
5 2 ± 2 5 ±	230	BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
	(ma.
VD ATELAC IEL	24	FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 25b REGIST PAR	S SIGNATURE
VR A15ME (5) 10M REV 1768	J	5. CONNELLY SONS 300 MACEDATEFEB 2 1968	a G



. (- 1				ND STATE DEPARTMENT OF		
-4	- 1			06289	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	IMOKE, MARYLAND 21201	00285
•	. 61 .		3 DE	CEASED-NAME First	Middle	Lost	2a. DATE OF DEATH	2b HOUR
	r death. Uneral I and 2 er death.			ype or print) Mai	ıde Ellen	Canon		2 Year 68 M
	offer be fu ges l after		3. SE	Female	4. RACE White	S DATE OF BIRTH Nov. 11,	1893 6 AGE (In years lastybythday) YRS.	EFUNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	1 562		7a E cour	RTHPLACE (State or foreign try) Pa.	75. CITIZEN OF WHAT COUNTRY? U.S.A	8 MARRIED NEVER MARRIED D. VORCED D.	9. COUNTY OF DEATH Baltimore C	O • 9 Md.
	within 24 bob pape of within 72	00		Towson, Md.	give street address) 106	Centre Ave. during	AL OCCUPATION (Kind of work done not of working life even if retired) HOUSE WIFE	12b KIND OF BUSINESS OR INDUSTRY
	completely nate carbon ny event, with	3	13a admi	USUAL RESIDENCE (Where decease ssion) STATE Md.	ied lived, if institution: Residence before 13b. COUNTY Baltimor	13c CITY OR TOWN 13d INSIDE CITY		Avenue
	and co	- 1	14. F	ATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME	First Middle	Last
	be n ar	- [³ idne	ey J. Wilmot			Jenkins
	AN: The law requires that the death certificate be exerted at an attending physician. It is a seen signed by the attending physician and controlled by the attending physician and controlled by the attending physician and controlled by the burnal-transit permit. Then please remained the prior to burnal, crematian, ar remayal, and in any			WAS DECEASED EVER IN U.S. ARN es, na, Ny Oknown) (If yes give w	MED FORCES? vor or datas of service) 184-14-6		l West 106 Cen	
	quires that the death certifiphysicion. signed by the attending phybural-transit permit. Then burial, cremation, ar remava			18 CAUSE OF DEATH (Enter an	ity one couse per line for (a), (b), and (11 10 6	1 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	eath andir nit. ar re			PART I. DEATH WAS CAUSED IMMEDIA	D BY: ATE CAUSE (0) CAMERAGE	ca of Greasbuilt	melastases	7 years
	atte atte an,			1/4X	DUE TO, OR AS A CONSEQUENCE O			
	the the sit part			Canditions, if any, which gave a rise to immediate cause (a),	(b)			
	than the creation of the creat			stating the underlying cause	DUE TO, OR AS A CONSEQUENCE O	F		
	ires ysici ned rial-1			last.	(t)			
	4: The law requires the ar attending physician. the has been signed by . use as the bural-tra		7		NOTIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART I(a)	
	law Pndi ber Is fl		CERTIFICATION		CONDITION FOR WHICH OPERATION WAS I	ERFORMED 20a AUTOPSY?	20b IF YES, WERE FINDINGS (ONSIDERED IN CERTIFYING
	The atternation has see of the p	2	ZTE(Norce		YES MO	CAUSES OF DEATH?	
	ICIAN: The law rapital ar attending rificate has been der use as the after use as the after the aff Health prior ta		DICAL CE	21a ACCIDENT WAS UNDERLYIN or contributing cause of DEAT lif either, natily medical examin	HOUR A.M. Month Day Yearner) P.M.	7	er nature of injury in Part 1 or Port 2,	Item 18.)
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compately illudirector, page 3 should be detached far use as the burial-transit permit. Then please remake carboy por should be filed with the State Dept af Health prior ta burial, crematian, ar remayal, and in any event.		MI	at wark at wark		ACTORY) 21f LOCATION Street or R.F.D. N		Caunty State
	by to			22a. I certify that (1) (th	is hospital) attended the decea	sed from <u>FCO-</u> , 19 1965, and that in (my) (aux) ap	66, 10 Tanadry 2, 19	that (1) (we) last
	TTEND Sined OR: A oauld h the			causes stated abave	e, (I) (see) (did) (denot) view the	and that in (my) (abs) ap bady after death		
	OR A' be rete OIRECT e 3 sh ed with		٠	22b SIGNATURE	Yeston Daine	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	DATE SIGNED 1/3/68
	Page 4 may be retained To FUNERAL DIRECTOR: A director, page 3 should should be filed with the	1		22d. PHYSICIAN S NAME (Type) / My	yrton Gaines	22e. ADDRESS 7800 Y	ork Road	
	Page 4 rospedirector		23a.	BURIAL, CREMATION, 23b	DATE 23c NAME O	F CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
	2000年代	M		BWY (STY) Ja	an 5, 1968Dular	ey Valley Mem G	arden Towson .	Balto, Md
	30M REV	58	24.	FUNERAL DIRECTOR	Mith h. 814 W. 3	SS 2SO RECD	BY REGISTRAR 256 REGISTRAR	SIGNATURE Jane
	~		\vdash		7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			



	,e			MARYLAND STATE DEPARTMENT OF HEALTH	
,			Ti	ems 7a &7b Film G396 1/12/60 kk CERTIFICATE OF DEATH	00000
gde ^{gg} .	/	,	TO	ems /a &/D Film G390 1/12/00 KR CERTIFICATE OF DEATH	00286
	£ = X €			CEASED NAME First Mddle Lost 2a. DATE OF DEATH Appe or print) Month Day	2b. HOUR
	\$ 3 a a		()	ype or print) Laura M. Canles Month Day	68 1:45 P.M
	2 7 2 2		3. SE	X 4 RACE S, OATE, OF BIRTH 6. AGE (In years 1	FUNDER I YEAR IF UNDER 24 HRS ONTHS GAYS HOURS MIN.
	ours offer			emake Cauc. 9/27/85 82 YRS	MIN.
			7a E	HRTHPLACE State of torogon 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF PEATH	
	24 h			TOWNS USA WIDOWED DIVORCED DANTIMORE	Md
	within 24 tely filled ban pape , within 72	,	_	11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital loc USUAL OCCUPAT ON (Kind of work done during most of working life oven if refired)	126. KIND OF BUSINESS OR INDUSTRY
1	with tely with	", (HULLMORE TICE GREATER PHATINDRETELLENGE HOUSE WITE	
3	equires that the death certificate be executed within 24 h, physician. signed by the attending physician and campletely filled in burial-transit permit. Then please remaye carban papers burial, crematian, ar emayal, and in any event, within 72 f	70		USUAL RES DENCE (Where deceased lived, if institution: Residence before BANTIMBR 136 (ITY UNITS) 136. STREET AND NUMBER 3800) STATE AL 136 COUNTY 1 BANTIMBR YES 1 NO 203 Sal	air (Rd.
3	and c remo	4	14. F	ATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Last
2	n air			Joseph Miller	UNKNOW
8	ertificate be physician o nen please aval, and ir		16a. Y	WAS DECEASED EVER IN U.S. ARMED FORCES? es, ngogr unknown) (if yes give was ar dates of service) Address TO TIENTS Address	
	phy en ava			VIO 214-22-9(13 VAIVENTS CITIK	APPROXIMATE INTERVA.
7	he death certifu attending physpermit. Then pian, ar remayal		П	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
8	tend mit.		Ш	IMMEDIATE CAUSE (a) Dronches - prellementa	2 weeks
7	he at per		П	Canditions, If only, which gave)	
Ş	or th r the nsit p			rise to immediate couse (a), (b)	
72	s tha clan. d by Ftran , cren			stoting the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF	
~	requires t g physicia n signed to bunal-tr			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	<u> </u>
3	req ng p			, ,	
3	The law ratending has been se as the harata		AT ON	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b IF YES, WERE FINDINGS CON	SIDERED IN CERTIFYING
0	IAN: The law related are attending I ficate has been sfar use as the E Haudth priar table	7	CERTIFICAT	YES \to NO \to CAUSES OF DEATH?	
X	ar age ar ar age ar			21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED Enter nature of injury in Part 1 or Part 2, Itel	m 18)
å	HYSICIAN: haspital ar certificate rched far u		DICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical exominer) P.M. 19	
2	PHYSI ne hasp his cer etached Dept. (ME	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	Caunty State
3	by the h fter this be detact State De			of work of work	
V	ENDING ned by th R: After t old be di the State			22a certify that (I) (this haspital) attended the deceased fram 12/2/, 19-67, to 19-19	6.2, that (I) (we) last
	the the			saw the deceased alive an	and naur and fram the
	F S C S S			22b, SIGNATURE 22c, DA	TE SIGNED
	OR ATTENI be retained DIRECTOR: A le 3 shauld ed with the			Devel ABruce DEGREE PHYS DIRECTOR DIRECTOR PHYS X 1/	4/67
	TAL AL (,		22d PHYSICIANS NAME (Type) DEREK A. BRUCE 22e. ADDRESS G. B. M. C.	
	TO HOSPITAL OR ATTENDING PHYSIC! Page 4 may be retained by the haspit of FUNERAL DIRECTOR: After this certificator, page 3 should be detached inhauld be filed with the State Dept. of				
	Page O FUI direct		23 a	BUR AL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (PREMY) 1/8/68 St. Stanislaus Cem. Baltimore, Md	(County) (State)
1 1	5- 5		24		
£4	VR A15 (30M REV. 1	4) 768	17.	FUNERAL DIRECTOR FUNERAL HOME, ADDRESS. 250 RECTO BY REGISTRAR 25b. REGISTRAR'S SINCE AND ARTICLE DATE AND 8 1968 Colombia.	
				I WIND A STATE OF THE STATE OF	AND PARTY OF THE P



MARYLAND	STATE DEPAR	IMENT OF	HEALTH-I	BALTIMORE,	18

MARYLAND

c. LENGTH OF STAY IN 1b

a. STATE

06291 **CERTIFICATE OF DEATH**

00257 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RY?

7. 7.0	0.00000	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION I Mursin: Home	d. STREET ADDRESS 10202 Reisterstown Road	e. IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Tomes First), Middle (Type or print)	Connected So. 4. DATE Month of DEATH January	Doy Year
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White WIDOWED DIVORCED	8. DATE OF BIRTH Feb. 24, 1875 9. AGE (In years FUNC	DER I YEAR IF UNDER 24 HR Doys Hours Min.
10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Danber Ketined	STRY 11. BIRTHPLACE (State or foreign country) 12 Manyland 12	CITIZEN OF WHAT COUNT
13. FATHER'S NAME Henry L. Corpenter	14. MOTHER'S MAIDEN NAME	
70	NFORMANT Address Nrs. ylyds jrimes (hvir silill	s, M.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PROTECTION OF COURSE OF COMMENT OF COURSE (b). ON (c).]	Porsulaci.	INTERVAL BETWEEN
Conditions, if ony, which gave rise to immediate cause (o), stating the under-lying cause last.	Come	7
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	PART I(0) 19. WAS AUTOPS PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Part II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL White Not while at work at work	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	(County) (Stat
	occurred at ADDRESS (Street/city or lown, stote)	I last saw the decean the date stated about DATE SIG
SIGNATURE	M.D. ILLE SICE VI	

220. BURIAL CREMATION, 226. DATE THEREOF REMOVAL (Specify) Fan. 4.60

22c. NAME OF CEMETERY OR CREMATORY Thomas emeteru. 22d. LOCATION (City, town, or county)

(Stole)

ve. VED

23. FUNERAL DIRECTOR'S SIGNATURE

NAME (Type)

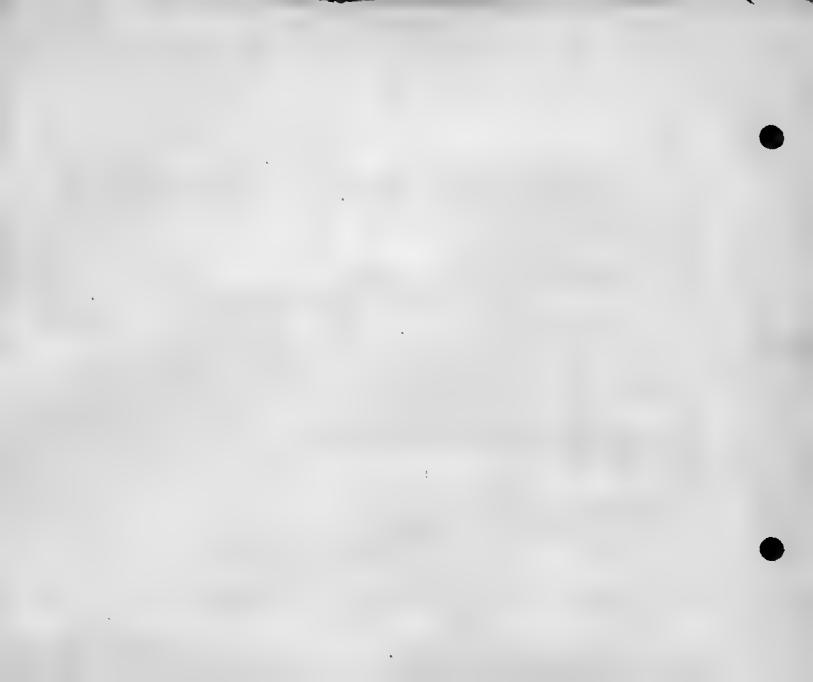
PLACE OF DEATH

Baltimore

b. CITY OR TOWN (If outside corporate limits, write RURAL and give/nearest town)

ADDRESS line a Sons Keisterstown. it.

246. REGISTRAS'S SIGNATURE 24a, REC'D BY REGISTRAR DATE IAM 1058



* Te. 177	. 1	- 1		0.000	2 DIVICION		ATWIN 214					ND 2120	1			
FO	R-STATE			11023	PIAIPION	OF VITAL RECO	L EXAMIN	FR'S CF	RTIFICATE	OF DE	ATH	MD 2120	'	0.6	1244	
EA	TH DEPT.			EASED-NAME pe or Print)	First WALTE		M ddle		Lost			20. DATE KN OF E			Year 19 ₁₉ 68	2b HOUR
and 3.1	PM3. Pogarrinent		3 SE)	ale	4 RACE Cau.	S. DATE OF BIRTH Dec. 19,	1 .	GE (In years is) budheey) O YRS	IF UNDER 1 YEAR MONTHS DAYS	iE UNDER 2 HOURS	4 HRS		Doy		Yeor 19	2d HOUR
1. 2.	Depar			RTHPLACE (Stote Y) Mary		U.S.A		1	RIED NEVER MA	ARRIED		TY OF DEAT 1 t imo				М
ve Poge	with the State		To	Y OR TOWN OF		1402	of Hospital or et address) York Ro	ad		dw.ng	mest of the	vorking life, Lruck	of work of compar		KIND OF BUSI USTRY True	NESS OR cking
rs arred 18 Gy	2 with death.	· ~	ad	mission) STATE	Maryland	d ved, finstitution 13b. COUNTY Ba	ltimore	Tow	son	YES NO	0 XX		ND NJMBER York F	Road		
24 hou in Item	r's Office es Tand rs after		Ţ		first 3. Carswe	-	Los		1s. MOTHER'S MA	LIZ E13	First		Middle		Lost	
within	xomine ile page 72 hou			AS DECEASED EV s, no, or unknow	ER III J S ARMED FO		5 SOCIAL SECUR TY 14-14-49		INFORMANT Frances	E. Car	rswel	ll, Sa	me as	# 13	Apphoy Mar	n (co. I)
ecuted in	edical E. ermit F. within				EATH WAS CAUSED	one cause per line BY E CAUSE (a)	for (b), (b) and (-	10c	cf	US	10	2		APPROXIMATE SETWEEN ONDET	
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AINER: The	should be r files. 3 should I		N N	CAUSE OF DEATH	CONTRIBUTING URPED 21e PI			67 5	C. HOW INJURY OF LOCATION Stree	11/0	ter noture	of injury in Left City or T	Logi	rt 2, Item	18.) To Accounty	Stote
L EXAM	Poge 4 or you R:Page		-	AT WORK A	T WORK	74(9/16) ak charge of the	V Day	bed abave		apsy 7					and in m	y apinia
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ory also	be ret Be ret ERAL D			ACTUAL SIGNATURE EXAMINER'S	Mo	KLOT	Cho	rest	DE DE	SISTANT MEDI PUTY MEDICAL			22b.	DATE SIGN	IED /	
D DEP	the full 5 may 0 FUN Heolth	, 1	230	NAME (Type)		s F. O'			D AC	DRESS(Street,			ty or Town)	((0	unty) (SI	tote)
ř	M			REMOVAL (Speci Burial UNERAL DIRECTO	Jan,	22, 196	8 Dular			etery	Coc	,	ille,		land	,
	VR A15ME (EV					wson, 10		Road	1 21204	DATE	AWZ	J 19	58 mg	NOW THE PARTY	En Jus	31



1	MARYLAND STATE DEPARTMENT OF HEALTH
	00293 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
70	CERTIFICATE OF DEATH
	DECEASED NAME First Middle Lost 20 DATE OF DEATH I Month 2I Day 68 Year 12:05
3	SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER YEAR IF UNDER 24 HKS
1	Male white 1-31-1979 last birthdoy) yrs last birthdoy) yrs
70	BIRTHPLACE (State of foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED 9. COUNTY OF DEATH
(0	Maryland U.S.A. WIDOWED DIVORCED BAITIMORE MI
10	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital / 12a USUAL OCCUPATION (Kind of work done give street address) 12b KIND OF BUSINESS OR during most of working life, even if retired.) 11D USTRY
12	ANDA/15/OWN DA/10. CD, (JEN/HOSA WIREMAN GASTELEC.C.
	USUAL RES DÊNCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN Mod. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 1721 Wadguarth 11544
_ 	7 1747 54177 5417 5417 5417 5417 5417 54
П	FATHER'S NAME First Middle Lost Is. MOTHER'S MAIDEN NAME First Middle Vahle Lost Katherine Symposymptox
16	o. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 213-09-9396 Mrs. Eleanora Cassell Same
F	LODGAVILITY WILLIAM
	PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) PV monary white When the form one cause per time for (a), (b), and (c) the form one cause per time for (a), (b), (c), (c), (c), (c), (c), (c), (c), (c
	IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF
	Conditions, if any, which gove Consider
	rise to immediate cause (a), (stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF DUE TO TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL T
	PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
	L L
CEDTIESCATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
DTIER	YES X NO CAUSES OF DEATH? Y &
MEDICAL	[If either, natify medical examiner] P.M. 19 [21d NUURY OCCURRED 21e, PLACE OF INJURY / AT HOME, FARM, STREET FACTORY.] 21f. LOCATION Street or R.F.D. No. City or Town County State
	21d NUJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State of work of work
L	22a. I certify that (I) (this haspital) attended the deceased fram 1-13-, 1968, to 1-21-, 1968, that (I) (we) lass saw the deceased alive an 1968, and that in (my) (aur) apinian death accurred an the date and hour and fram the
	saw the deceased alive an1968, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did nat) view the bady after death.
	22b SIGNATURE 22c DATE SIGNED 23c
	Sum Calle, MD PHYS. DIRECTOR D
	220. ADDRESS NAME (Type) 220. ADDRESS Balto. County General Hosp.
23	BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
	BWAY (ATTY) I/ 24/68 Dulaney Valley Cem. Timonium Balto. XI Md.
24	Leonard J. Ruck Inc. Ba Ito. Md. ADDRESS ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE (VClumba, Vinter)
	Leonard J. Ruck Inc. Ba Ito. Md.



		DIVISION OF VITAL RECORDS, 301 W. PRESION STREET, BALTIMORE, MARYLAND 2120							
	Q.	06294 CERTIFICATE OF DEATH							
en death.		DECEASED-NAME First Middle Lost 2a. DATE OF DEATH (Type or print)	Month Day Year Q						
7/1	ント	SEX 4. RACE S DAY OF BIRTH 6. AC	GE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.						
s offer a state of the state of		Maje Vinte sec- 14-91 last	t birthday) Months Days Hours Min 76 YRS.						
300		O BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	H						
24 hauy ed in b pers. P		WIBOWED DIVORCED J	timere Md.						
thin tille	7.1	CITY OR TOWN OF DEATH I) NAME OF HOSPITAL OR INSTITUTION (If not in hospito give street address) CT DE STAR HE RELITED Shoe	f of work done 12b KIND OF BUSINESS OR INDUSTRY						
with big with		give street address) give street address addres	Dadasalla disa						
cecuted within 24 hauss afficement of the completely filled in by the papers. Pages yevent, within 72 hours of		dissignal STATE Pick. 136 COUNTY 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
s execution company company event	. [4 FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First	Middle Last						
be n ar		Go. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT.	Unknown						
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital or attending physician. 5 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filledirector, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pashould be filled with the State Dept. af Health prior to burial, crematian, or removal, and in any event, within		60. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no por unknown) (It yes give word and as a clearly of service) (It yes give word and as a clearly of service) (It yes give word and as a clearly of service)	Induser						
rert Mer Ph	ŀ	18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c)	APPROX MATE INTERVAL BETWEEN ONSET AND OLATH						
agin file		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart Taulure	SCHOOL MISS AND SERVI						
de d		HODE TO, OR ASSA CONSEQUENCE OF							
the the ation		Conditions, if any, which gave							
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06296 00292 CERTIFICATE OF DEATH I. DECEASED-NAME M.ddle Lost First 20 DATE OF DEATH 2b. HOUR death (Type or pnnt) Daisy B. and January Cave 4 RACE offer 3. SEX S DATE OF BIRTH 6. AGE (In years IF LINDER I YEAR IF LINDER 24 HRS last birthday) MONTHS DAYS Female White Feb. 2, 1884 director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pa should be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event, within 72 haurs The law requires that the death certificate be executed within 24 haurs 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED the attending physician and campletely filled in t sit permit. Then please remave carban papers. country Maryland U.S.A. Baltimore WIDOWEDXX DIVORCED | 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR oive street address) during mast of working life, even if retired.) INDUSTRY Dundalk Admiral Blvd. 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE Maryland 13b COUNTY Baltimore NO X Dundalk 16 Admiral Blvd. 14. FATHER'S NAME Middle Last IS MOTHER'S MAIDEN NAME First Middle Charles Sullivan Martha Frock 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Yes, nonprunknown) (II yes give war or dates of service) Paul H. Cave. 16 Admiral Blvd. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (b), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH signed by the attendir burial-transit permit. Canditions, if ony, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO M 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(If pither, natify medical examiner) HOUR A.M. Month Day 23e. PLACE OF INJURY (AT NOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City of Town Stote County While hat while at wark 22a. I certify that (I) (this haspitel) attended the deceased fram 196 %, 196 %, tax 4 , 196 %, that (I) (we) last saw the deceased alive an 196 % and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (with) (did nat) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING PHYS STAFF PHYS. DEBREE DIRECTOR 22d. PHYSICIAN'S 22e ADDRESS M.B. Davis, M.D. NAME (Type) 6800 Mornington Road, Dundalk, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE 23a. BURIAL, CREMATION (County) (State) REMOVAL (Specify Jan. 11, 1968 Meadow Ridge Cemetery Elkridge, Md. 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **ADDRESS** 2Sq. REC'D BY REGISTRAR Ullrich Funeral Home Dundalk, Md. 30M REV 1768 Misseley Justa DATE JAN T 196B



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O HOSPITAL OR ATTENDING PHYSICIAN: The law remuires that the death certificate be executed by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplet director, page 3 should be detached for use in the burial-transit permit. Then please remave carly should be filed with the State Dept. of Health priar to burial, cremation, or remayal, and in any event,	-	111011					
¥ 8 € ĕ € €	230		DATE -23-68 23c	NAME OF CEMETERY OR CE		23d, LOCATION (City or Town)	(County) (Stote)
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 96300 00296 CERTIFICATE OF DEATH Lost 20. DATE OF DEATH DECEASED-NAME First Middle be detached for use as the burial-transit permit. Then please remave carbon papers. Pages I and . State Dept. af Health priar to burial, crematian, or remaval, and in any event, within 72 haurs after death (Type or print) Month CLARK August W. January S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 3. SEX 4 RACE requires that the death certificate be executed within 24 haurs after last birthday) White August 25, 1879 Male 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED | NEVER MARRIED | country) filled in Baltimore U.S.A. WIDOWED 3 DIVORCED [Maryland 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) INDUSTRY Too1s Towson 13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13b. COUNTYBaltimore NO X R.D.1, Box 301, Boxer Hill Rd. Cockevsville 14 FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME First Middle Adeline Clark Robert 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) Mrs. Virginia Thompson, Boxer Hill Rd. 21030 212-10-9658 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

Cenfluen BETWEEN ONSET AND GEATH Cenfluent bronchopneumonia signed by the attendir burial-transit permit. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending phymician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? CAUSES OF DEATH? YES 🔀 NO -21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County While Not while at work 22c DATE SIGNED 22b SIGNATURE ATTENDING MED DIRECTOR STAFF PHYS. January 15,1968 DEGREE PHYS directar, page 3 PHYSICIAN'S Reymal do 22e. ADDRESS NAME (Type) Or juela-Gomez. M.D. 7620 York Rd., Towson, Md. 21204 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23g. BURIAL, CREMAT ON, 23b DATE Burial (Specify) Sparks, Maryland Jan. 18, 1968 Jessop Cemetery 24. FUNERAL DIRECTOR 1050 York Road Towson, Maryland 21204 Vm. Cook-Brooks Towson,

MARYLAND STATE DEPARTMENT OF HEALTH



	1	MARYLAND STATE DEPARTMENT OF HEALTH	
۹ ,		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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	3 5	EX 4. RACE S DATE OF BIRTH 6 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funcation, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Pages and the filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death	MEDI		ACE OF INJURY (AT HOME, FARM, STREET, FOR OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATION Street or R.F.D. No.	City or Town	County Stote
A Y The age of the date	ш	220. I certify that 05 (this	haspital) attended the decea	sed from 11/4/ , 19 6 19 68, and that in (my) (our) opine body after deoth.	52, to 1/8/ . 19	68 , that Ol (we) last
A PER SERVICE OF SERVI	П	saw the deceased aliv	/e an 1/8/	19 <u>68</u> , and that in (my) (our) opir	ion death occurred on the dot	e ond hour ond from the
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Wit wit	П	22b. SIGNATURE	.00:	ATTENDING ME	D. STAFF 1/8	ATE SIGNED
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	24	FUNERAL DIRECTOR	ADDRES	S. 2So, RECD BY	REGISTRAR 250 PEGISTRARS	SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0030. 00299 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission 1. PLACE OF DEATH o COUNTY n. STATE MARYLAND c. LENGTH OF STAY IN 16 I foulside corparate limits. c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL ood give necrest town) requires that the death certificate be executed within 24 hours d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? YES NO event, withi NAME OF Middle 4 DATE please remave carban OLGA Year A. the attending physician and completely sit permit. Then please remaye carban DECEASED OF CLOUGH 1960 -0x-=9 DEATH (Type or print) SEX AGE (in years YEAR 1F UNDER 24 HRS 7 MARRIED NEVER MARRIED DATE OF BIRTH RE UNDER COLOR-OR RACE 8. last birthdoy) Months Dovs Hours and in any WIDOWED DIVORCED 10o USUA, OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, evenif retired) INDUSTRY RUSSIA Land 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME or remayal, ADOLPH BIRGEL Frieda WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address burial-transit permit. (Yes, no, or unknown) (If yes give wor or dates of service) -30 -0591A burial, crematian, INTERVAL BETWEEN ONSET AND DEATH IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I, DEATH WAS CAUSED BY: signed by IMMEDIATE CAUSE (a) be retained by the haspital ar attending physician DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse this certificate has been far use as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDUTION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? NO YES 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (County) (Stote) Not While foctory, street, office bldg., etc.) 19 at work FUNERAL DIRECTOR: After 1906, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram 1961, ta 1968, and that death accurred at 1:300 M, fram causes and an the date stated above saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED ATTENDING > DIRECTOR ADDRESS 22c. PHYSICIAN'S CKA FOOSE NAME (Type) directar, Sshould be 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 230 BUR AL, CREMATION REMOVAL (Specify) BALTO., MD. 1 - 20 - 68LOUDON PARK CEMETERY 0 BÜRTÁT ADDRESS FUNERAL DIRECTOR H. HUBBARD 4107 WILKENS AVE. 21229 DATE



		4	MARYLAND STATE DEPARTMENT OF HEALTH	
-	1		00304 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	00300
	and 2 death.		DECEASED NAME First Middle Last 2a DATE OF DEATH	8 ^{Year} 3:45p м
	n 24 haurs ofter depth illed in by re-raisont papers. Pages 1 and 2 in 72 hours after death	3. SI	SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years Fundamental MALE) WHITE 11-4-02 6. AGE (In years Fundamental Mainth	ORR 1 YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN
•	in 24 haur	70 (au)	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED BALTIMORE	Md
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	be exe	14.	. FATHERS NAME First Middle Lost 15 MOTHERS MAIDEN NAME First Middle George A. Coleman Elizabeth Benjan	nin
	ertificate be physician c nen please iaval, and ir	16a.	(Same) WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (1/1 yes give wor or dotes of service) NO 216-05-01:57Mrs. Marsie K. Cole (Same	a)
	at the death c the attending Isit permit. If matian, ar rem		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY. Metastatic carcinoma JOG 1 DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF (c)	APPROXIMANTE INTERVAL BETWEEN OWSET AND DEATH
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	OSPITA 9 4 may NERRAL ctar, pc	72.	NAME (Type) Dr. Lucas Vienyaphum 7620 York Road, Baltimore, Me	d. 21204 junty) (State)
	OH OL SOM REAN 68	24	BUTIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Co. BERMOVAL (Squerfy) 1/10/68 Dulaney Valley Mem. Grds. Timonium. Balt. FUNERAL DIRECTOR ADDRESS 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAL OF THE PROPERTY OF CREMATORY 23d. LOCATION (City or Town) (Co. Baltonia, 1/2 Mem. Grds. Timonium. Balt. 25c. REC'D BY REGISTRAR'S SIGNAL OF THE PROPERTY OF CREMATORY 23d. LOCATION (City or Town) (Co. Baltonia) (Co. B	o Co Md
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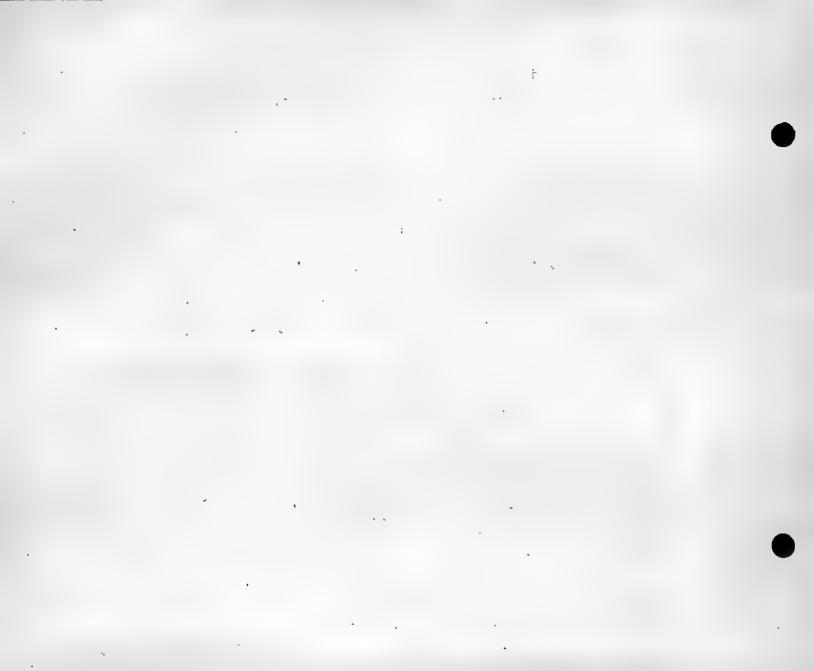
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should be e e ward i per the Chief I uriol-tronsit in ony ever		e under ying cause	DUE TO, OR AS A C	ONSEQUENCE OF	FF7	ctire	destin	<i>t</i> ~	24	Darje
ate g thi ed to s a b		HER SIGNIFICANT CONC	DITIONS CONTRIBUTING TO			M PISEASE SOR.C	ONE DENTOVEN INTE	IN Adress for	estion:	3
S O D	190 DATE	OF OPERATION		ONDITION FOR WHI	CH OPERATION Tractus	ædh	eETT.	ibia	20 AUTOPSY	
ertificationly be ss nould be on, or r	21a EXTER PRIMARY CAUSE OF	NAL CAUSE WAS OR CONTRIBUTING DEATH	216 T ME OF INJURY HOUR A M P.M	4145 PM	21c, HOW INSUR	Y OCCURRED (En	ter noture of injury in	Part 1 or Part 2, the	em 18.)	
KAMIN te the ge 4 sh your fill 'oge 3's cremot		Y OCCURRED 21e	PLACE OF INJURY (At hamilicitary, office building, etc.)		21f 10CATION St	reet or RFD No	les tord	own Rd -2	(ounty)	State
kecu Pog for y	22	a. I certify that I i	laak charge of the ren	ains described	abave, held an A	Autapsy,	Inspection [-		and in m	y apinian
Sicon ctor ned ECT	deat	h resulted from	Natural_causes _	Accident	Sukide [], Hamicid	e 🔲, Undeter	mined manner		
pleose direct retoine DIRE	ACTUAL	11:1	117	7		CHIEF MEDICAL		201 0 470	ridire.	
	SIGNATU		etters/C	LICZE	TECT MO	ASSISTANT MEDICA	ICAL EXAMINER	22b. DATE	D-1 // C	
o DEPUTY mecessary, p the funeral S may be n D FUNERAL Health prior	EXAMINI NAME (T	ype) Dr. C	.F. O'Doni	nell			, city, town, or county)	11	71/60	
the the TO FILE Head	23a BJRIAL, CI		DATE	23c NAME OF CE	METERY OR CREMATOR	Υ	23d LOCATION (C	ty or Tawn)	(Caunty) (St	ate)
·	REMOVAL B u		-25-68		Memorial		Faye	ttsville,	W. Va.	
VR A15ME [5,	24. FUNERAL D		9503 1 1 -	ADDRESS			BY REG STRAR	2Sb REGISTRAR S	S GNATURE	
10M REV 1/68	яш• ₽,	Joinson	8521 Loch R	aven Blv	d. Balto.	21/2004A	N 2 3 1968	golian	an Judge	

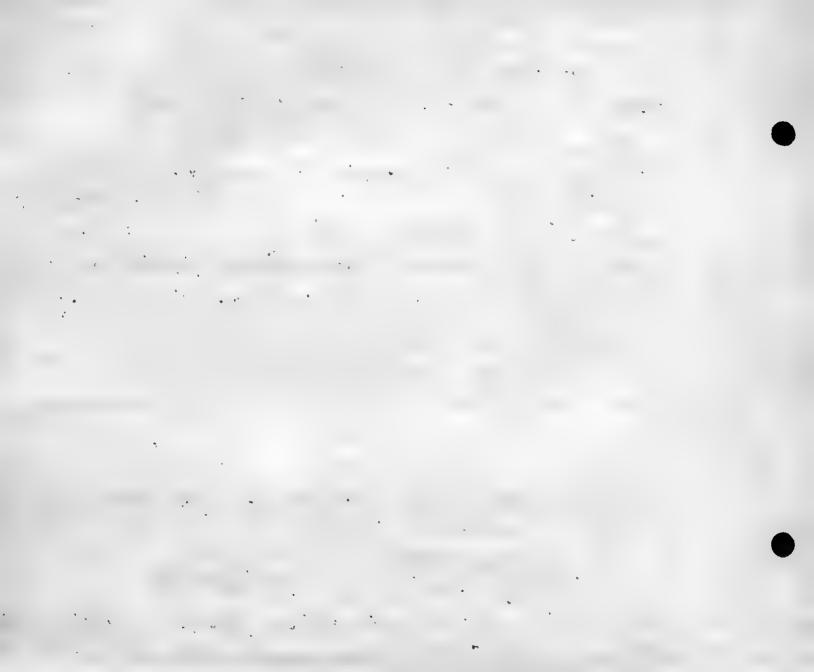


	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTI	IMORE, MARYLAND 21201	302
	00306 CERTIFICATE OF DEATH	1	
	DECEASED-NAME First Middle Lost (Type or print)	20. DATE OF DEATH Month Day	Year 2b HOUR
5/ _	William C. Coleman	Jan. 12 1	968 B:30P
		1885 6. AGE (In years IF UNDE last birthday) 82 YRS.	R 1 YEAR IF UNDER 24 HRS. DAYS HORIRS MIN
7a.	1. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9 COUNTY OF DEATH Balto.	M
	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during my street address) 12a USUA during my street address)	AL OCCUPATION (Kind of work dane 126 ast of working life, even if retired.) INDI	KIND OF BUSINESS OR USTRY. GOV't.
130 odi	a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d INSIGE CITY LI		
14	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME F		lorton
16	6d. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT	Address	
L	Yes, no. ar unknown) (1 Yes grow war pr dargs of service) 217-386-880 Elizabeth Bro	ooke Coleman	Same
	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)	11-	APPROXIMATE INTERVAL BETWEEN CINSET AND DEATH
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) MYOCALLY	suffer 1	3hours
	DUE TO, OR AS A CONSEQUENCE OF	00. 11.	1
	(and trians, if any, which gave) rise to immediate (ause (a).)	aryses ,	10 year.
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF		٧
	lost. (c)	CONDITION COMEN IN PART 1/-1	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORC	CONDITION GIVEN IN PART T(0)	
TON	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDER	RED IN CERTIFYING
CEPTISICATION	YES NO	CALLETS OF BEATUR	
CFP1	210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (Enter	r nature of injury in Part 1 ar Part 2, Item 1B.	.)
MFDICAL	CAUSE OF DEATH HOUR A.M. Month Day Year		
ME		. City ar Tawn Caun	ty State
	While Nat while of work of wor	44, 10 Jun 12, 19 68	that III I was
	22a. I certify that (I) (this hospital) attended the deceased from 19 5, 19 saw the deceased alive an 19 5, and that in (my) (cos) applications are said to the deceased said that in (my) (cos) applications are said to the deceased said that in (my) (cos) applications are said to the deceased said that in (my) (cos) applications are said to the deceased said that th	union death occurred on the date and	., that (I) (we) la I have and from th
	causes stated abave, (I) (we) (did not) view the bady after death.	and addinoctorion on the dole one	
	22b. SIGNATORE ATTENDING BY DEGREE PHYS	MED. STAFF 22c DATE SIG	10
	224 BUYSICIANIS 220 ANDRESS 1		
L		n Rd., Owings ^V Mill	
23	BEMOVAL Specify) 1-15-68 St. Thomas*	23d. LOCATION (City or Town) (Cau	11
2/		Garrison Forest	Md.
(H.W. Jenkins & Sons Co. 4905 York Rd.	I 8 1968 Milarles	Younge
_	Datto., rvo.		/V

MARYLAND STATE DEPARTMENT OF HEALTH



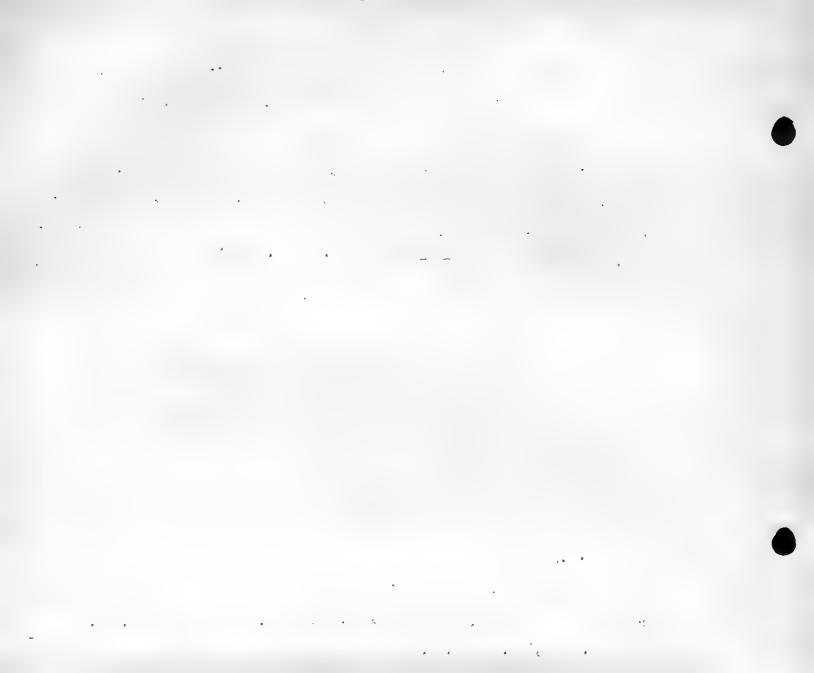
DECEASED NAME (Type or print) 1 DECEASED NAME (Type or print)	0303 Year 2b Hour M
The design of th	
Type or print) Hattie R.A. Coopen Month 2004 -	Year 2b HOUR M
	Year A
3. SEX 4 RACE , 9 DATE OF BIRTH 6 AGE (In years 1) UNDER	R I YEAR HE JNDER 24 HRS
# 2 50 Form 2 lo Calotrad May 18 1877 last bythology) YRS. MONTHS	OAYS HOURS MAN
76. BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
3. SEX 4 RACE 9 DATE OF BIRTH 6 AGE (In year)s IT HUMBER 10 ST BIRTHPLACE (Stope or foreign country) 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital plant) and odd using most of waging like, eyen if refired into the plant of th	Md.
10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b	KIND OF BUSINESS OR
give street address Washing Vol St. during most of working life, even if refired) INDL	USTRY
13a. USUAL RESIDENCE Where deceosed lived, if institution Residence before 13c CITY OR TOWN 3d INSIDE CITY M 157 13e STREET AND NUMBER	1 101
Town YES NOW YES NOW YES NOW YES NOW YES NOW WEST	12TON ST
14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Lost
BEST DENISON ACC UNK	ROWN
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT Yes, no. or ynknown) [It yes give wor or dates of service) 160 SOCIAL SECURITY NO. 17 INFORMANT Yes, no. or ynknown) [It yes give wor or dates of service)	1.01
Tes, no, a conknown) (11 yes give wir or acutes or service) NONO EONA MINKNOY 4309 W/003/11/12	JON ST.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Orterson elevated General ged	11490
DUE TO, OR AS A CONSEQUENCE OF	0
Conditions, if any, which gave inset to immediate cause (a),	
Stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF IDEA TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDER CAUSES OF DEATH? 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDER CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 19c. 10c. 10c. 10c. 10c. 10c. 10c. 10c. 10	
206 IF YES, WERE FINDINGS CONSIDER 207 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CONSIDER CAUSES OF DEATH?	RED IN CERTIFYING
PE 2 9 年 入	
21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.	.)
STATE OF THE PROPERTY OF THE P	
21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No City or Town Count While Not while	ity Stote
The interpolation of the deceased alive an analysis of the deceased of the deceased from the deceased of the d	that (I) (wa) last
220. I certify that (I) (this hospital) attended the deceosed from Deleter 1967, and that in (my) (our) apiman death accurred on the date and causes stated above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE ABLACULT Laughasthy DEGREE PHYS	, that (I) (we) last d haur and from the
saw the deceased drive and state allowing the deceased drive and the dri	
causes stated above, (I) (we) (vid) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNATURE	16 /
8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	~68
122d. PHYS CIAN'S NAME (Type) A. Paradlal Day Object to 1204 Francis (1204)	
Sold A Spill A Lord A L	
19a. Date of Operation 19b. Condition for which operation was performed 20a. Autopsy? 20b. If Yes, were findings consider Yes No Causes of Death! 21a Accident was underlying 21b. Time of Injury 21c. How Injury occurred (Enter nature of injury in Port 1 or Port 2, Item 18; 19a	(Stote)
	FU I
VR A15 [4] 30M REV. 1/68 74 FUNERAL/DIRECTOR, 250 REC'D BY REGISTRAR SIGNATION DATE A N 3 1 1968	Judge
30M REV. 1/68 Williams Yumna Jone 319 / Sensual St. DATE AN 3 1 1968 June 319 / Sensual St.	



. 1			MARYLAN	ID STATE DEPARTMENT OF HEALTH	
-to-4 1/1/		0.000	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALTIMORE, MARY	'LAND 21201
T. T.		00308		CERTIFICATE OF DEATH	00304
1-1-1		ECEASED-NAME First	Middle	Lost 2a. DATE OF D	
death death		Type or print) Fran	nk Banjamin	COTTRELL J.	anuary 15, 1968 6:30 M
for the factor of the factor o	3. 5		4 RACE	5. DATE OF BIRTH	AGE (In years SFUNDER I YEAR IF UNDER 24 HRS.
urs afte y the f Pages urs afte	_	lale	White	January 22, 1907	last birthagy) Months DAYS HOURS MIN
by by hour	7a.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED 9. COUNTY OF D	
filled in papers.		Virginia	USA	WIDOWED DIVORCED Baltime	Mu.
the death certificate be executed within 24 ho the attending physician and campletely filled in sit permit. Then please remave carban papers. nation, ar remaval, and in any event, within 72 h	10.	CITY OR TOWN OF DEATH Towson	11 NAME OF HOSPITAL OR IN give street oddress}	OSEPH HOSPTTAL 12a USUAL OCCUPATION (I	(ind of work done e, even if retired) 12b KIND OF BUSINESS OR INDUSTRY
od v olete carb	130	DOUGH DECIDENCE BUILDING Access	on it too, it illamonoit. Residence before	100. CITT ON TOTAL	ET AND NUMBER
amp awe	aan	ission) STATE Maryland	13b. COUNTY	Baltimore YES NO 140	4 Glendale Rd.
exe emc any	14.	FATHER'S NAME First	Middle Last	15 MOTHER'S MAIDEN NAME First	Middle Lost
be non	_	Unknown		Unknown	21 01010
cate sicia olea an	160	WAS DECEASED EVER IN U.S. ARM	SED FORCES? ar or dates of service) 16b. SOCIAL SECURITY 223 03 0		rell 1404 Glendale
phy en aval	L	Yes go or unknown) (If yes give w			APPROXIMATE INTERVAL
ii de li ce	П	18. CAUSE OF DEATH (Enter online)	y ane cause per line for (a), (b), and (c)	1.)	BETWEEN ONSET AND DEATH
equires that the death physician. signed by the attendir burial-transit permit. burial, cremation, ar re	П		BY: TE CAUSE (a) Lobar pneu	monia	
ne d per ion,	П	4011	DUE TO, OR AS A CONSEQUENCE OF		
nsit material	П	Canditions, if any, which gave) rise to immediate couse (a),((b)		
ign.	Н	stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF		
equres tha physician. signed by burial-tran burial, cren		The state of the s	(C)	IOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN I	N DADT 1/-)
requestion of the second of th		Emphysema 1	-	IOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN I	N PART I(0)
aw odin the ar t	NE NE		CONDITION FOR WHICH OPERATION WAS P	ERFORMED 20g. AUTOPSY? 20b IF Y	ES, WERE FINDINGS CONSIDERED IN CERTIFYING
he I	CERTIFICATION	The street of street of the st	contain and great great great areas	YES NO CAUSES O	
t e re de la		21o. ACCIDENT WAS UNDERLYIN	G 21b. TIME OF INJURY	21c. HOW INJURY OCCURRED (Enter nature of injury	in Port 1 or Port 2, Item 18.1
ICIAN oital tifica d far af He	MEDICAL	OR CONTR BUTING CAUSE OF CEATS (If either, natify medical examin	H HOUR A.M. Month Doy Year	9	,
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 land 2 should be filed with the State Dept af Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death	WE	21d IN.URY OCCURRED 21e. White Not while at work	PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY.) 21f. LOCATION Street or R.F.D. No. City of	
d by the After After a State		22a. I certify that 💢 (thi	s hospital) attended the deceas	ed from 1/15/, 19_68_, ta1	/15/, 19_68_, that A) (we) last
ed the She She She She She She She She She S	П	saw the deceased a	ive on 1/15/	ed from 1/15/ , 19.68 , ta 19.68 and that in (my) (aur) apinion death oc bady after death.	curred an the date and haur and fram the
Train in the state of the state	П	22b. SIGNATURE	(1) (we) (ala) (ala nai) view me	body after death.	22c. DATE SIGNED
SEC	ı	ZZD. SIGNATORE	X 4 4 11	DEGREE PHYS MED DIRECTOR	STAFF Danuary 15, 1968
		22d. PHYSICIAN'S		22a Annaess	
FRA dibe		NAME(Type) Reyna	ldoUrjuela-Gomez,	M.D. 22e. ADDRESS 7620 York Rd., To	wson, Md. 21204
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be defacthed far use as the burial-transplant of the state Dept af Health priar ta burial, cree	230	BURIAL (REMATION, REMOTE (SECTION) 235_1	PATE 7-68 23c NAME OF MOTO	cemetery or crematory cland Mem.Pk.Cem 23d Location Balto	(City of Town) (County) (State)
VIIAILAIV	24	FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D BY REGISTRAR	25b. REG STRAR S SIGNATURE
30M REV A		am. r.Jourson	8521 Loch Raven	Blvd. 21204 DATUAN 18 196	8 Thanks Judge



V	_	1		0.000		D STATE DEPARTMENT OF		
A	J			00309		301 W. PRESTON STREET, BAI		00200
	Т Л					ERTIFICATE OF DEATH		00305
÷.				CEASED-NAME First	_ Middle	Last	20. DATE OF DEATH	2b. HOUR
Æ	1000		f1	pe or pnnt) JAMES	WILLIAM	COUTTS	JAN Manth 2 Day	1968 400 M
offer 6	후 는 호	- 1	3 SE		4. RACE	S DATE OF BIRTH	6 AGE (In veors	1F UNDER 1 YEAR 1F UNDER 24 HRS.
	Pages urs aff			M	W	MARCHA	19/0 last birthday).	MONTHS DAYS HOURS MIN.
→ SE	P _Q		7o. B	IRTHPLACE (State or fareign 7	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
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Ē	filled pape thin 7		10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	TITUTION (If not in hospital 120. US	BUAL OCCUPATION (Kind of work done	12h KIND OF BUSINESS OR
with	bon		61	ALTIMONE	1748 WE	STON AVE STA	SUAL OCCUPATION (Kind of work done most of working life, even if retired.) MANUFACTURE Y LIMITS? 13e STREET AND NUMBER	M STEEL
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ecol	com ove y ev			mp,	136 COUNTY ACTIMORE	BACTIMONE "		ION AUE.
e X	and rem in an	,		ATHER S NAME First	Middle Last	IS. MOTHERS MAIDEN NAME	First Middle	lost
pe 6	In a Se		J. 1	MES DEVICETA	n- coult	5 MARY		PAFF
PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours	Page 4 may be retained by the hospital or attending physicion. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune director, page 3 should be detached for use as the buriol-tronsit permit. Then please remove carbon papers. Pages 1-6 should be filled with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after dishould be filled with the State Dept.		16α. Υ .//.	WAS DECEASED EVER IN U.S. ARME es, no, or unknown) in yes gave wor 4 / Control	D FORCES? Or dotes of service) 16b SOCIAL SECURITY I	17 NEOBMANTMAO F	Coutts 1748 WE	YON AUS.
Le Le	Ing p				one couse per line for (a), (b), and (c).			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
o#	ar re			PART I. DEATH WAS CAUSED	BY ACUTE	MYOCAKDIAC 1	NFAKC TION	10 mIN.
de	attendii permit on, or re			410 9	DUE TO, OR AS A CONSEQUENCE OF			
	the cart particular			Conditions, if any, which gove	·			
pu	n. y ff onsi			ase to immediate cause (a). { stating the underlying cause((b)			
4m	physicion. signed by buriol-tron buriol, crer			lost	(c)			
July Pilot	shys igne urio urio			PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE O	RCONDITION GIVEN IN PART 1(a)	
2	ng F		-	4				
Q M	nding been s the jor to		A TIO	19a DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS (ONSIDERED IN CERTIFYING
9	atte hos se a	人	CERTIFICATION			YES NO	CAUSES OF DEATH?	
ż	or Ste			210. ACCIDENT WAS UNDERLYING	215. TIME OF INJURY		iter noture of injury in Port 1 or Part 2,	Item 18.)
E E	iffic Figure 1		MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M Month Day Year P.M.			
YSI	cert cert chec			21d. INJURY OCCURRED 21e P	LACE OF INJURY (AT HOME FARM STREET, FAR	(YORY.) 21f. LOCATION Street or R.F.D.	No City or Town	County State
	Page 4 may be retained by the hospital or attending physicion. D FUNERAL DIRECTOR: After this certificate hos been signed by director, page 3 should be detached for use as the buriol-tron should be filed with the State Dept. of Health prior to buriol, crea			Traine I trail white				
N S	After After I be d			22a I certify that (1) (this	haspital) attended the decease	ed fram_NCAY, 19	67, ta 17N, 19	, that (I) (we) last
ATTENDING	ed led he S			saw the deceased ali	Ve on DEC	9 €∠, and that in (my) (cor) a	<u>\$\langle 7</u> , ta, 19 pinian death accurred on the do	ate and haur and from the
	t to the total			22b. SIGNATURE				DATE SIGNED
A	REC 3 s d wi			Leenen &	S. O'Mores M.	DEGREE ATTENDING PHYS.	MED STAFF PHYS	127/960
	y b	,		22d. PHYSICIÁN'S		22e ADDRESS	DIRECTOR — THIS: —	
PI /	ERAI	á		NAME (Type) IANUE	EL ISAAC O'	MANSKY P52	3 LOCH RAVEN	5600, 2120x
O HOSPITAL	Page 4 may be retained to FUNERAL DIRECTOR: director, page 3 should should be filed with the		23o		ATE 23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
0	Pog Pip ds	7	E	BJRIAL, CREMATION, 23b. Di REMOVAL (Specify)		land Memorial Cem.	Ba ltimore,	Md
	VR A15 (4)	10	24.	FUNERAL DIRECTOR	ADDRESS Inc. Balt .Md. 21	2So. REC'I	BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
	30M REV 1/6	((Se	I	eonard J. Ruck,	Inc. Ralt .Md. 21	.214 DATE J.A	N 29 1968 Police	rles Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00310 00306 CERTIFICATE OF DEATH Middle Lost DECEASED-NAME First 2a DATE OF DEATH 2b. HOUR 1 and 7 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death (Type or print) Month Dov Year Claris L .. Crane 6:47aM 1968 S. DATE OF BIRTH 6 AGE (In years 3. SEX 4. RACE IF JNDER I YEAR IF JNDER 24 HRS. in by the Pages DAYS HOLIRS last birthday) MONTHS transit permit. Then please remave carban papers. Pages crematian, ar remaval, and in any event, within 72 haurs aft Sept. 14, 1880 Female 87 Caucasian 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) WIDOWED [U.S.A. DIVORCED [Maryland Baltimore campletely filled IG CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR during most of working life, even if retired) give street address) **INDUSTRY** Greater Baltimore Med. Center Instructor Horses Baltimore 130 JSUAL RESIDENCE (Where deceosed lived, f institution, Residence before, 13c, CITY OR TOWN 13d INSIDE CITY LUMITS? 13e STREET AND NUMBER odmission) STATE Maryland 13b COUNTY Baltimore YES NO X Towson 14. FATHER'S NAME 15. MDTHER'S MAIDEN NAME First Middle First Middle Last Clara Merryman Ryland Crane Henry 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY ND. 17 INFORMANT Address Yes, no, or unknown) (If yes give wor or detes of service) Towson, Md. Pickersgill 615 Chesnut Ave. 218-32-4300 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY Intracerebral hematoma IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove Arteriosclerotic cardiovascular disease nse to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been Bronchopneumonia be detached far use as the State Dept. af Health priar t 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO 🖂 Yes Page 4 may be retained by the haspiral and Page 4 may be retained by FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M Month Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R F.D. No. State City or Town County While Nat while at wark 22a. I certify that (1) (this hospital) attended the deceased from 12/28, 19.67, to 1/9 . 1968 , that (1) (we) lost 19. 68, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive an director, page 3 shauld should be filed with the causes stated obave, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING 1/9/68 DEGREE DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN NAME (Type 6701 N. Charles Street John E. Adams, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23o BUR AL CREMATION. 23b DATE (County) REMOVAL (Specify) Cremation 1/11/68 Green Mount Crematory Baltimore, Maryland 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 1968 DATE JAN 15 wm. Cook-Brooks Towson 1050 York Rd. 21204 30M REV

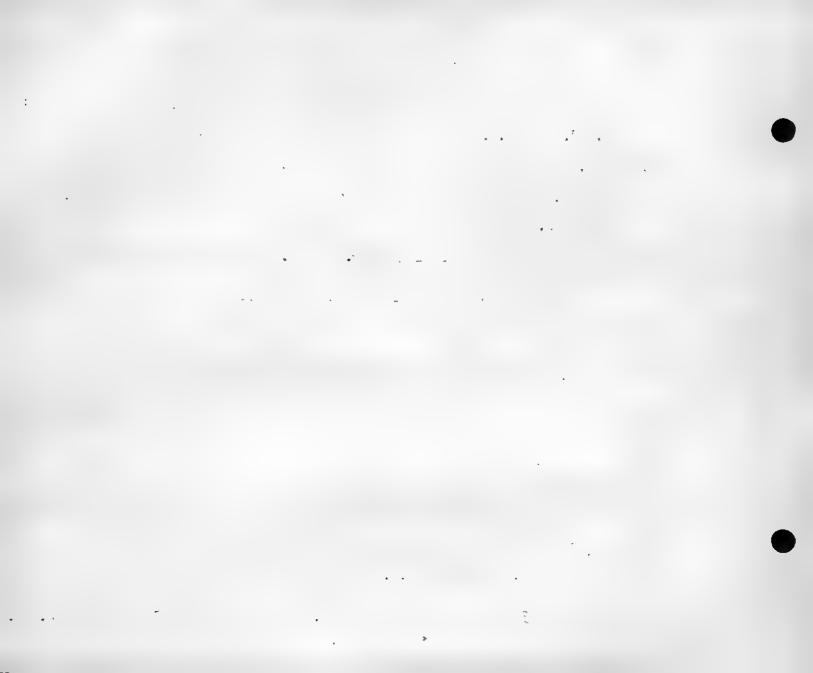
MAKTLAND STATE DEPARTMENT OF REALTH



MARYLAND STATE DEPARTMENT OF HEALTH



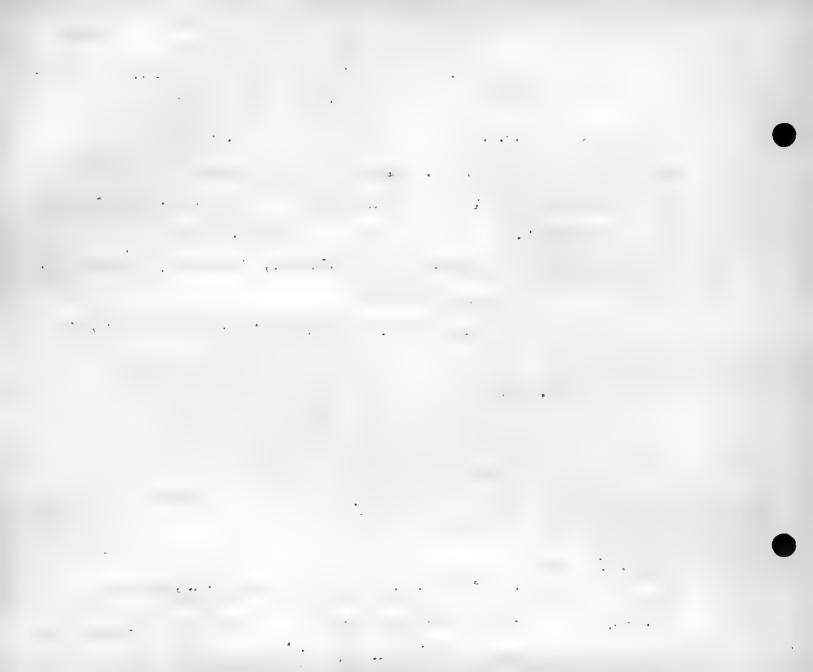
1 1 1	.1	MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00:	308
HEALTH/DEPT.		DECEASED-NAME (Type or Print) RUTH CROCKETT CROCKETT CROCKETT DEATH MATED	Yeor 2b HOUR
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7 5 Z E	-	Female White 60 yrs January 10,	19 68 8:40n
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offer 8. Give along with the	130	o USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c City OR TOWN 13d MISIOE CITY MISS? 13e STREET AND NUMBER	MCG O TOIL
rs offer 18. Gi		odmission) STATE Md. 13b COUNTY Baltimore Balto YES NOX 7117 Campfield	Rd.
24 hours ofter death in Item 18. Give Pages ars Office along with fores 1 and 2 with the State ars after death.	14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle William H. Ensor Gertrude Enso	lost
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ple of di		ACTUAL SIGNATURE ACTUAL M.D. ASSISTANT MEDICAL EXAM.NER 226 DATE SIGNED)
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5 a 4 2 5 4	23	30 BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Count REMOVAL (Specify)	(Stote)
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oge FG Fired Shou	23 a			OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)							
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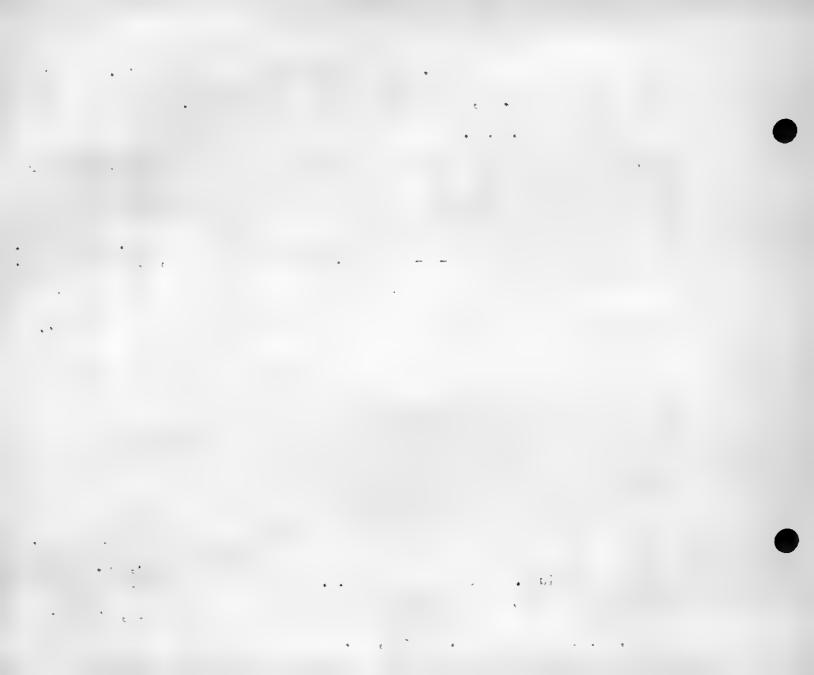


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	CERT	21a. ACCIDENT WAS UNDERLY	ING 216 TIME OF I	NJURY			of injury in Port 1 or Part 2,	Item IR1	
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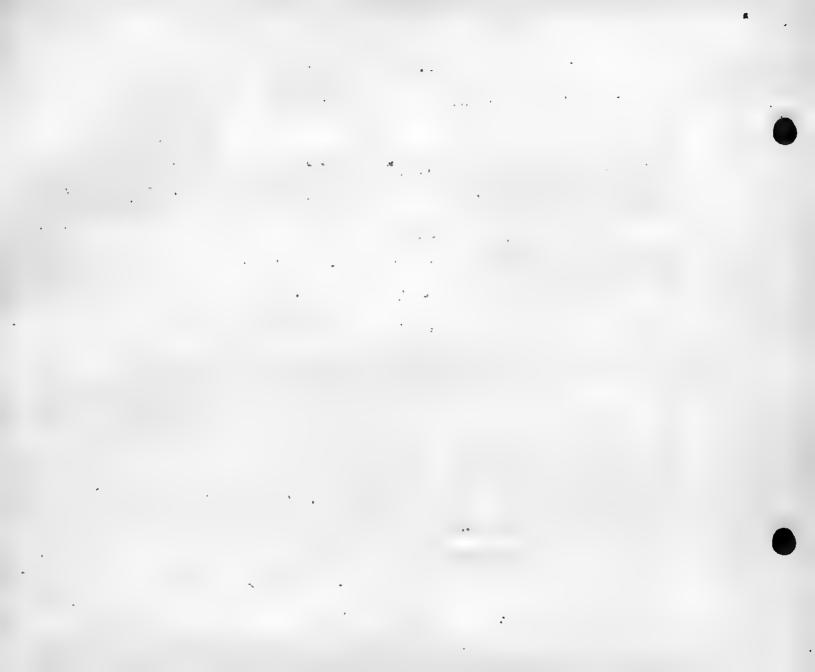


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MAKYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00316 00312 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH requires that the death certificate be executed within 24 hours after death (Type or print) Month / 2 Day Dena XXXXXX S. DAY15 signed by the ottending physician and completely filled in by the fur burial-transit permit. Then please remove corbon popers. Pages 1. burial, cremation, or removal, and in any event, within 72 hours after 4 RACE 3 SEX 5. DATE OF BIRTH 6. AGE (In years IF UNDER YEAR last birthday) DAYS MONTHS AUGUST 23. 1939 YRS 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a BIRTHPLACE (State or fare-gri 8. MARRIED MEVER MARRIED WIDOWED DIVORCED | 10. CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working 13a. JSUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e STREET AND NUMBER 13b COUNTY NO T 14 FATHER'S NAME Middle Last MOTHER'S MAIDEN NAME First LILLIAN KRAUSE NATHANIEL 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no ar unknawn) RICHARD DAVIS. 3721 SPRINGDE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been director, page 3 should be detoched for use os the should be filed with the State Dept. of Ilealth prior to CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES P NO T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH Month Day Year HOUR A.M (If either, natify medical examiner) P.M 21d. INJURY OCCURRED (AT HOME FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. State 21e PLACE OF INJURY City or Town County While Not while at wark p m 7 4.20 22a. I certify that (I) (this haspital) attended the deceased from _19_62, and that in (my) (our) apinian death occurred an the date and haur and fram the saw the deceased alive an. O FUNERAL DIRECTOR: causes stated above, (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE PHYS DIRECTOR 22e, ADDRESS 22d. PHYSICIAN'S NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City at Tawn) (County) (State) 23a BURIAL, CREMATION REMOVAL (Specify) BALTIMORE, MARYLAND HEBREW YOUNG MENS 1-14-68 **ADDRESS** 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR LEVINSON & BROS. . 6010 REISTERSTOWN ROAD



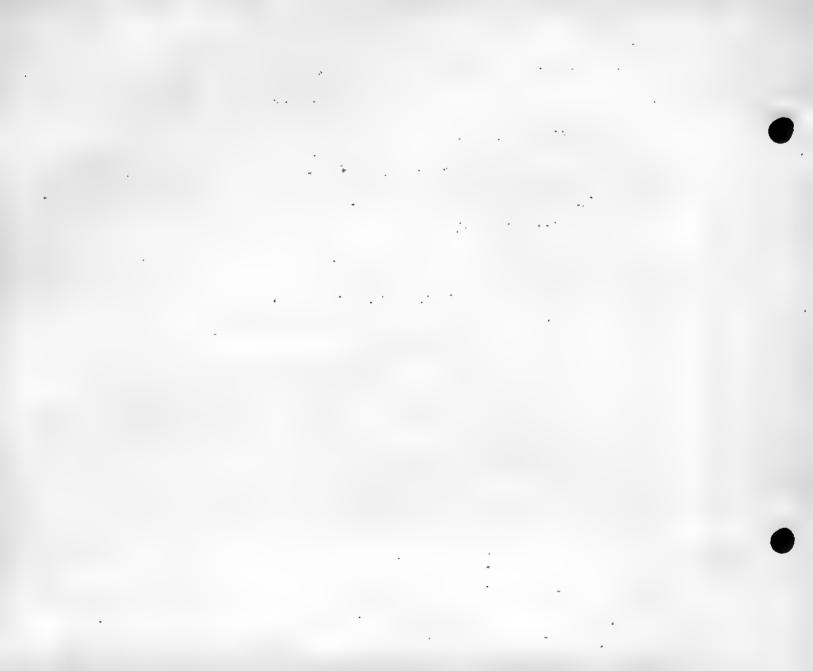
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-	- 1			0631	DIVISION OF VITAL RECORDS	5, 301 W. PRESTON STREET, BA		
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	국 _ 8 국			CEASED-NAME First	Middle	last	20. DATE OF DEATH	2b. HOUR
	leath ord		(T	ype or print) Ethe	el BRIAN	DAVIS	/ Month & & Day	68 Year 94 M
	in (25)		3. SE		4 RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
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	ne death certificate b attending physician permit Then please ian, ar remavai, and i			WAS DECEASED EVER IN U.S. ARM	MED FORCES? 16b. SOCIAL SECURIT		Address	
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	ath idin			PART I DEATH WAS CAUSE	By one couse per line for (a), (b), and (D BY ATE CAUSE (a)	arriet	•	Secretary Secretary States
	de utter			427. 2	DUE TO, OR AS-A CONSEQUENCE (
	the control of the co			Canditions, if any, which gave	Della -	1.		
	hat n. y tl ansi			rise to immediate cause (a), stating the underlying cause	b) The to, or as a consequence of	Tr. A. Dr. A. Carrette, and the second		
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	OR ATTENDING be retained by the NRECTOR: After the e 3 should be de ed with the State			22b. SIGNATURE	white MD	ATTENDING	MED. STAFF	DATE SIGNED
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely They adjrector, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers should be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72	,	20	BUDIAL CREMATION	DATE Inc. 1995			
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MARYLAND STATE DEPARTMENT OF HEALTH 06318 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00314 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last First 2a. DATE OF DEATH 2b. HOUR within 24 hours after death signed by the attending physicion and completely filled in by the funeral burial-transit permit. Then please remove corban papers. Pages Frank, burial, cremation, or removal, and in any event, within 72 hours after death (Type or print) MILLIAM 0. DAWSON JANUARY 4:10PM HE JNOER I YEAR 3 SEX 4 RACE S DATE OF BIRTH 6. AGE (In years last_birthday) MALE WHITE 5/27/96 7a, BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED [X NEVER MARRIED]] MARY LAND U.S.A. WIDOWED | DIVORCED BALTIMORE COUNTY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR during mast of work on life, even if retired)
Conductor-Retired INDUSTRY FORT HOWARD HOSPITAL RATIROAD 13a. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before 13C CITY OR TOWN 113e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? requires that the deoth certificate be executed admission) STATE 13b COUNTY 30 FORT AVENUE MARYLAND RATITIMORE FIT HOWARD 14 FATHER'S NAME First Middle Last IS, MOTHER'S MAIDEN NAME First Middle THOMAS DAWSON NORA **ISER** 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address (If yes give wor or dates of service) Yes, po prunknawn) 236 12 61 87 CLIN.RECR. VA HOSPITAL, FT HOWARD, MD. APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: BRONCHOPNEUMONIA RECENT IMMEDIATE CAUSE (c) DUE TO, OR AS A CONSEQUENCE OF (b) PULMONARY EMPHYSEMA, MARKED Canditians, if any, which gave) ase to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF be retained by the hospital or ottending physicion. stating the underlying cause (d) ARTERIOSCLEROTIC HEART DISEASE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ficote has been s for use os the b f Heolth prior to b 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH2 NO [YES X 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year Stote Dept. of (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, EACYORY,) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark TO FUNERAL DIRECTOR: After 1/9/68 1/10/60 22o. I **certify** that (1) (this hospitol) ottended the deceased from—saw the deceased alive an—1/10/68—19——, a fa and that in (ASA (our) opinion death occurred on the date and have and from the director, page 3 should should be filed with the couses stated above, (1) (we) (did) (did not) view the body after death. 226 SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF PHYS. 1/11/68 DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e ADDRESS JUVAN, M. D. PETER V NAME (Type) VAH FORT HOWARD, MARYLAND 23b. DATE 1/11/68 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (State) 23a BURIAL, CREMATION, (County) REMOVAL (SOCOLY) Potomac Valley Memorial Pk. KEYSER WEST VIRGINIA **ADDRESS** REGISTRAR'S S GNATURE 24. FUNERAL DIRECTOR 25a REC'D BY REGISTRAR 25b VR A15 (4) 30M REV 1/68 John J. Duda

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MAKYLAND STATE DEPARTMENT OF HEALTH



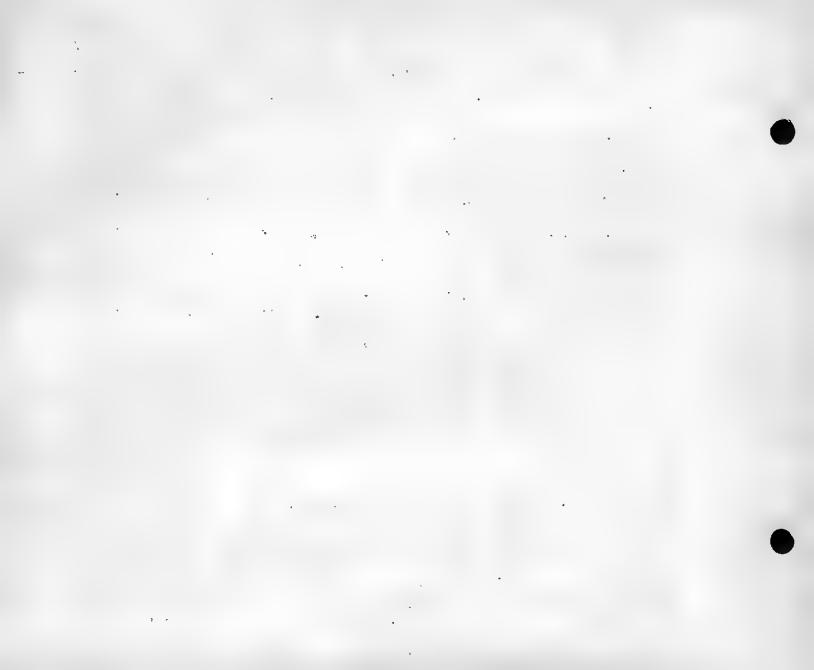
STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00316 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. DECEASED NAME First M.ddle Lost 20 DATE KNOWN CO Month 2b HOUR Yeor (Type or Print) FSTI Page DEATH MATED 7.aA 4 RACE 6 AGE (n years 3 SEX S DATE OF BIRTH IF UNDER 24 HRS 2c DATE PRONOLINCED DEAD 2d HOUR PM3. lest birthday) partin %ale C/ YRS 70 BIRTHPLACE (State or foreign MARRIED MEVER MARRIED 9. COUNTY OF DEATH Give Pages 1, with farm USA WIDOWED [DIVORCED [with the State 10 CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR Oil Burner service man Woodlawn death 130 USUAL RES DENCE (Where deceosed lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odm ssion) STATE Maryland 36 (OHN) Altimore Woodlawn 2108 Northland Avenue YES NO 📉 Office and 2 after 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Middle William Lilly May Howard Devese hours pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Eenc | Phyllis A. Devese-2108 Northland Avenue 16-09-9550 APPROXIMATE INTERVAL within 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). permit. BETWEEN ONSET AND DEATH Chief Medical PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gove rise to immediate couse (o), word should DUE TO, OR AS A CONSEQUENCE OF the the stating the underlying couse .⊑ gud PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O remayal. 190 DATE OF OPERATION 95. COND T ON FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? certificate. YES 🗍 NO | 9 9 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) 3 shauld MEDICAL HOUR A.M. PRIMARY TO OR CONTRIBUTING cremation. CAUSE OF DEATH PM 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) NOT WHELE O AT WORK ... AT WORK 22a I certify that I took charge of the remains described above, held on Autopsy [1]. Inspection 2 Inquiry 2 ond in my opinion death resulted from. Notural causes Accident I Suicide Homicide Undetermined manner please CHIEF MED CAL EXAMINER ACTUAL moy be re FUNERAL I 226. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may 70 FUNE Health 1. SE (514 Ti han I'd of ADDRESS Street, city, town, or county) NAME (TVD) 230 BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 1-8-68 Lorraine Cemetery Baltimore, Maryland Burial 24 FUNERAL D.RECTOR 250 RFC D BY REG STRAR 25b REGISTRAR'S SIGNATURE VR A15ME (5) JAN Ellsworth Armacost-4600 Liberty Hghts. Ave. DATE 10M REV 1/68

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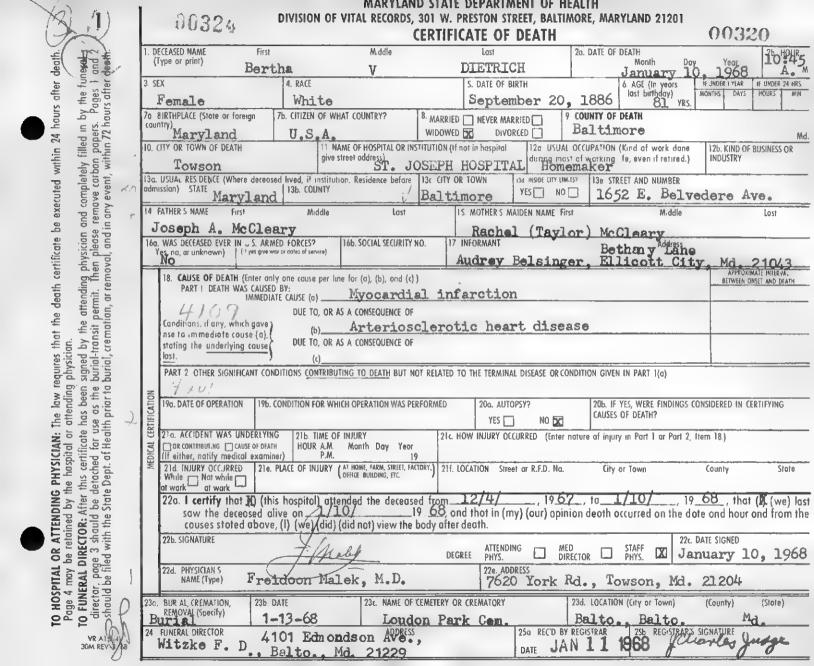


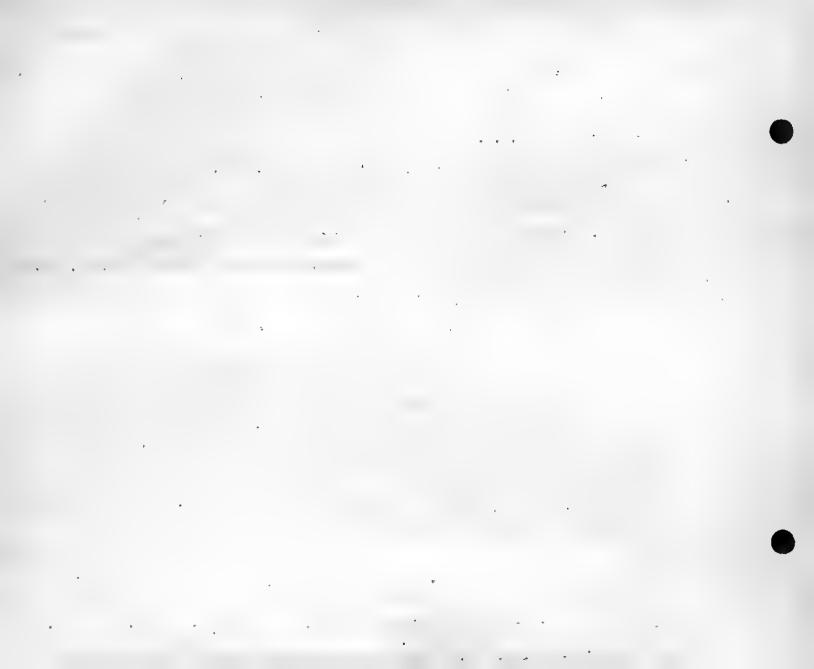


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00323 00319 CERTIFICATE OF DEATH 2b. HOUR Middle Lost 2a. DATE OF DEATH DECEASED NAME First Manth (Type or print) Year 68 DICKERSON 9:30PM Carol Ann burial, cremation, or removal, and in any event, within 72 hours offer S. DATE OF BIRTH 6 AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE after last birthday) MOINTHS HOURS 7-7-67 White Female YRS requires that the death certificate be executed within 24 hours completely filled in by 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7p. BIRTHPLACE (State or foreign 8. MARRIED TI NEVER MARRIED PO Baltimore Delaware U.S.A. DIVORCED [WIDOWED [7] 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH give street address) Rosewood St. Hosp. during mast of working life, even if retired) INDUSTRY Owings Mills none 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 1/3c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YEST Maryland Cecil Elkton 15 MOTHER'S MAIDEN NAME First Middle 14 FATHER'S NAME Middle last First Lee Dickerson Sarroll Carroll Sharon 16b. SOCIAL SECURITY NO. 17 INFORMANT Address 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) Rosewood Records. Owings Mills. Maryland hone no the attending passit permit. The 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-tronsit p Conditions, if any, which gave) Li Caron L rise ta immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couses PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TRAINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been be detached for use os the State Dept af Heolth prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 190. DATE OF OPERATION CAUSES OF DEATH? YES-NO [T] O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us 21g. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2 (tem 18.) OR CONTRIBUTING CAUSE OF DEATH Page 4 may be retained by the hospital HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town State County White Nat while at work 22a. I certify that (1) (this haspital) attended the deceased from 1/22 , 19 68, to 1/30 , 19 68, that (1) (we) last saw the deceased olive of 1/30 , 19 60, and that in (n) (our) opinion death occurred on the date and hour and from the director, page 3 should should be filed with the causes stated above (we) (did) (818-160) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR 1/31/68 DEGREE PHYS 22e ADDRESS PHYSICIAN'S NAME (Type) Rosewood St. Hosp., Owings Mills, Md. Richard A. Mones, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 23a BURIAL, CREMATION, BEMOYAL (Specify) Owings Mills. Md. Rosewood (emeteru 25g. REC'D BY REGISTRAR VR A15 (4) Sons Reisterstown, Md. Ochania 30M REV 1/68

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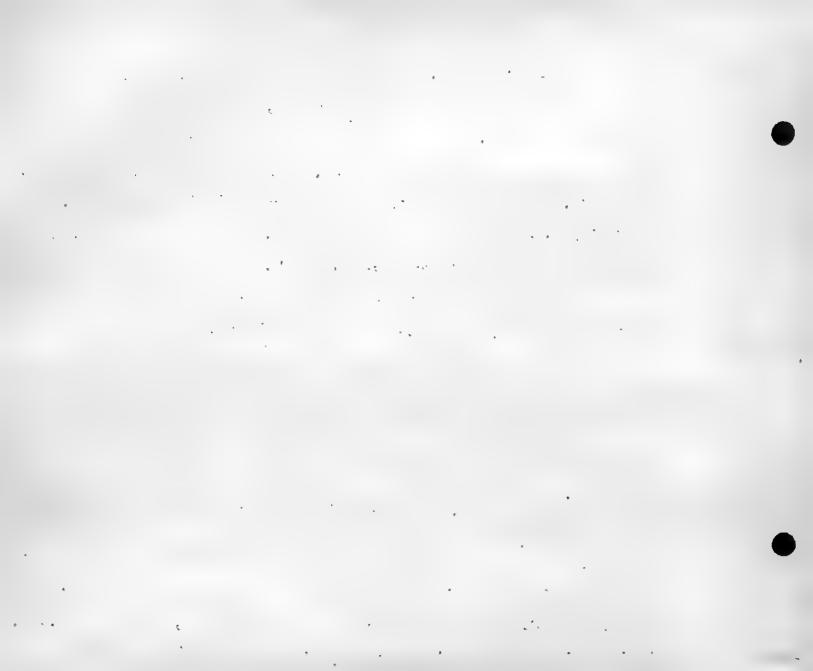






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		00325	DIVISION OF VITAL RECORD	CERTIFICATE OF DEA	BALTIMORE, MARYLAND 21201	00321
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hos is ce roche	₹	21d. INJURY OCCURRED 21e. While Not while of work	PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21f. LOCATION Street or R	F.D No. City or Town	County State
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DE SE		Danole	2 K. Domine		DIRECTOR PHYS.	1/22/68
ETAI RAL Pe file		22d. PHYSICIAN'S NAME (Type) Dr.	Donald L. Som	erville 22e. ADDRESS	25 W. Pennsylvania	a Ave.
Page 4 may be retained by the hospital or attending physician. To Horrital or Attending by the hospital or attending physician. To Funeral Director. After this certificate has been signed by director, loge 3 should be defined by the buriol-transhould be filed with the State Dept. of Health prior to buriol, creating the control of th	230	BURIAL CREMATION, 23b. [OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
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	24.	FUNERAL DIRECTOR	ADDRE	SS 25o.		
30M REV 1/68 2	H	. W. Jenkins	& Sons Co. 49	05 York Rd. DWIE	REC D BY REGISTRANCE 25h, REGISTRANCE 24 1968	0

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coun	Mary Land		WIDOWED DIVORCED	Baltimore	Md.
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13o admi		lived, if institution Residence before	13c CITY OR TOWN 13d. INSI	ITE CITY LIMITS? 13e. STREET AND NUMBER	
	Kobert	A .			Last
			17. INFORMANT	Address Ul 100 S Stricker St	
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	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Year		(Enter nature of injury in Port 1 or Port 2,	Item 18.)
	21d INJURY OCCURRED 21e Pi While Nat while	LACE OF INJURY (AT HOME FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY) 21f. LOCATION Street or R.		County State
	22a. I certify that (I) (this saw the deceased aliceuses stated above, 22b. SIGNATURE Stanley Ankads 22d. PHYSICIAN S	(1) (we) (did) (did nat) view the	DEGREE ATTENDING PHYS 22e. ADDRESS	MED. STAFF DIRECTOR PHYS D	DATE SIGNED 1/2/68
23o	BUR AL CREMATION. 23b. DA	TE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Tawn)	#21229 (County) (State)
	REMOVAL (Specify)	4 1968 Baltim	are National 250.	RECT BY REGISTRAR 256 REGISTRAR	S SIGNATURE
	70. B COUNTY 10 CT 130 admir: 14. F. 160. Ye	1. DECEASED-NAME (Type or print) 3. SEX Female 70. BIRTHPLACE (State or foreign country) 10. CITY OR TOWN OF DEATH (Catensary) 130. USJAL RESIDENCE (Where deceased admission) 14. FATHER S NAME 160. WAS DECEASED EVER IN U.S. ARMEI Yes, no, or unknown) 18. CAUSE OF DEATH (Enter only PART DEATH WAS CAUSED (Illy or give wor in mediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT COND 190. DATE OF OPERATION 190. DATE OF OPERATION 194. CONTRIBUTING CAUSE OF DEATH (Ill either, notify medical examine) 2 0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (Ill either, notify medical examine) 2 1. INJURY OCCURRED (Ill either, notify medical examine) 2 20. I certify that (I) (this saw the deceased alivery) 220. I certify that (I) (this saw the deceased alivery) 221. PHYSICIAN S NAME (Type) 230. BUR AL, CREMATION, ROMOVAL (Specify) 231. DATE OF OPERATION, ROMOVAL (Specify) 232. BUR AL, CREMATION, ROMOVAL (Specify) 233. BUR AL, CREMATION, ROMOVAL (Specify) 234. DATE OF OPERATION, ROMOVAL (Specify) 236. DATE OF OPERATION, ROMOVAL (Specify) 237. DATE OF OPERATION, ROMOVAL (Specify) 248. DATE OF OPERATION, ROMOVAL (Specify) 259. DATE OF OPERATION, ROMOVAL (Specify) 269. DATE OF OPERATION, ROMOVAL (Specify) 260. DATE OF OPERATION, ROMOVAL (Specify) 270. DATE OF OPERATION, ROMOVAL (Specify) 271. DATE OF OPERATION, ROMOVAL (Specify) 272. DATE OF OPERATION, ROMOVAL (Specify) 273. DATE OF OPERATION, ROMOVAL (Specify) 274. DATE OF OPERATION, ROMOVAL (Specify)	I. DECEASED-NAME (Type or print) J. SEX Ferracle A. RACE White 70. BIRTHPLACE (State or foreign country) A. RACE White 70. CITY OR TOWN OF DEATH Catensville 110. CITY OR TOWN OF DEATH Catensville 120. U.S.JAI RESIDENCE (Where deceased lived, if institution Residence before admission) 121. NAME OF HOSPITAL OR INS give street address.) 122. Latter S. NAME First Middle 123. COUNTY 124. FATHER S. NAME First Middle Lost A. FATHER S. NAME First Middle Lost A. FATHER S. NAME First Middle Lost A. COUNTY 125. COUNTY 126. SOCIAL SECURITY N. DUE TO, OR AS A CONSEQUENCE OF INSTITUTE OF IN	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, CERTIFICATE OF DEA I. DECEASED-NAME [Type or point] I. Divide	CERTIFICATE OF DEATH Cost Cost

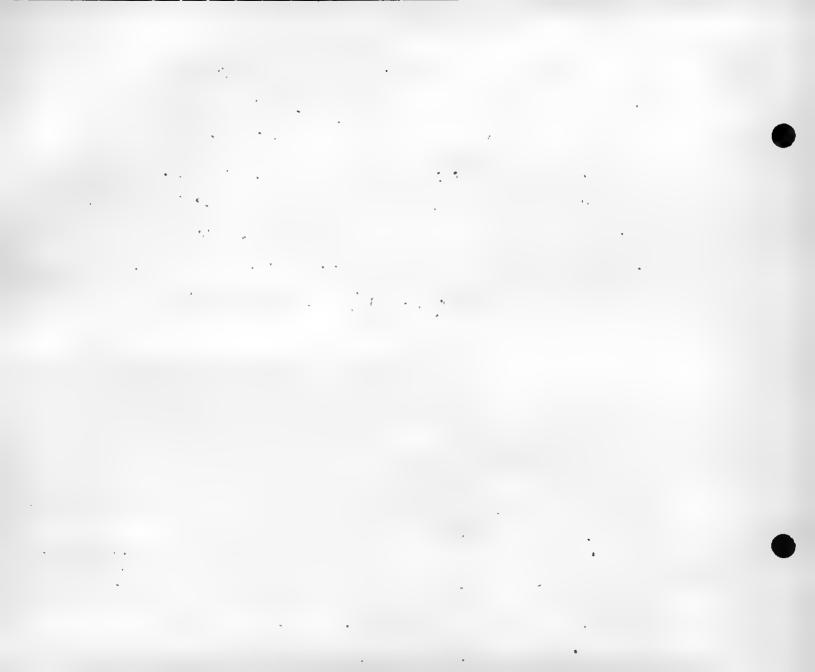


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00323 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20 DATE OF DEATH 2b. HOUR The law requires that the death certificate be executed within 24 haurs after death. nit. Then please mmave carban papers. Pages 1 and 2 ar remaval, and in any event, within 72 haurs offer death by the funeral Pages 1 and 2 (Type or print) 4:30A. January Margaret XXXXXX Doory 4. RACE S. DATE OF BIRTH IF UNDER I YEAR SEX 6 AGE (In years IF UNDER 24 HRS last butthday) MONTHS Female White August 30. 1900 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (Stote or foreign 8. MARRIED 🖪 NEVER MARRIED country) Baltimore. filled in U.S.A. Md. WIDOWED | DIVORCED [120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY Balto. 6045 Morehead Road, Westview 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Md. Balto. 13b COUNTY 6045 Moorehead Rd. YES 14 FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First M.ddle Lost Lost Flora Bishop Henry Nagel 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO Address 1 (If yes give wor or dates of service) 6045 Moorehead Road Yes, no, or unknown) Mr. Richard Doory. 217-3&-7575 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY: Coronary BETWEEN ONSET AND DEATH signed by the attending burial-transit permit. I burial, crematian, ar rer occlusion hour IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF 3 years Arteriosclerotic cardiovascular disease Conditions, if ony, which gave) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) far use as the b the hospital ar attending this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES [NO IX be detached far use State Dept. of Health 270. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Year (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F. D. No. 21d. INJURY OCCURRED Stote 21e. PLACE OF INJURY City or Town County While Not while of work 22a I certify that (I) (this hoping attended the deceased from _______, 19_0, to______, 19_0, that (I) (iii) last saw the deceased alive an ________29_19 62, and that in (my) (dul) opinion death accurred an the date and hour and from the Page 4 may be retained by 3 shauld causes stated abave, (1) (XXX (did) (did) (view the bady after death. O FUNERAL DIRECTOR: 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. 1/13/68 DEGREE director, page 3 DIRECTOR PHYS. 1811 N.Rolling Rd. Balt. Md.21207 22d PHYSICIANS Millard T. Traband. Jr. 23d. LOCATION (City or Town) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (Stote) 23o. BUR-AL, CREMATION, (County) St. John's Cemetery REMOVA. (Specify) Ellicott City, Md. 1-16-68 Printal

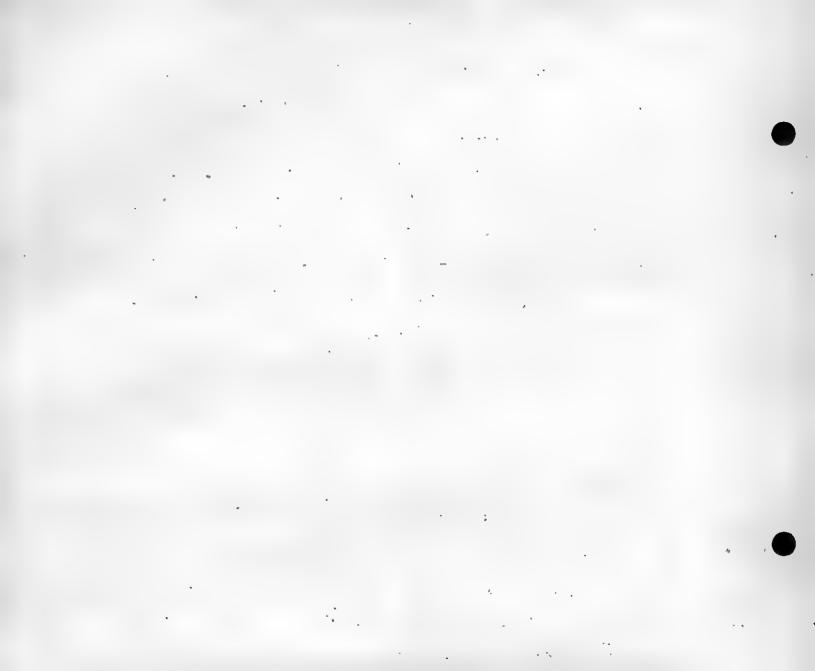
24. FUNERAL DIRECTOR FUNERAL DIRECTOR
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MARYLAND STATE DEPARTMENT OF HEALTH 06328 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00324 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR (Type or print) ALBERT signed by the attending physician and campletely filled in by the fur burial-transit permit. Then pleame remave carban papers. Pages I burial, crematian, or removal, and in any event, within 72 haurs after 4. RACE S. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS 3 SEX requires that the death certificate be executed within 24 haurs after last birthday) DAYS HOURS 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED FAT NEVER MARRIED country) BALTO. DIVORCED [WIDOWED [10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) during most of warking life, even if retired.) INDUSTRY ESSEX 2235 RAKEMAN 13e, STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 113c. CITY OR TOWN admission) STATE 13b. COUNTY 2235 ESSEX 14. FATHER S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle BONO HENRY 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16b SOCIAL SECURITY NO. Yes, no, or unknown) DORIS ABOVE APPROX MATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave t rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying couse, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 shauld be detached far use as the shauld be filed with the State Dept. at Health priar ta O FUNERAL DIRECTOR: After this certificate has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth (If either, notify medical examiner) 7.30P.M. (AT HOME, FARM, STREET, FACTORY,) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (I) (this hospital) attended the deceosed from 19 c 1, to 19 c 1, to 19 c 2, that (I) (we) last saw the deceosed alive on 19 c 2 ond that in (my) (our) opinion death occurred on the date and hour and from the (we) (ba) (did not) view the body after death. 22b. SIGNATURE ATTENDING STAFF M-1) DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S NAME (Type) 0085 GOLDIL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 23a BURIAL CREMATION 23b, DATE REMOVAL (Specify) 250. RECD BY REGISTRAR 24 FUNERAL DIRECTOR 25b. REGISTRAR & SIGNATURE VR A15 (4) 30M REV 1/68 JG. CONNELL SONS



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	ä þ	certificate he thed far use of af Health			210. ACCIDENT WAS I			NJURY Manth Day Year		RY OCCURRED (Enter	nature of injury in Part	or Part 2, I	item 18.)	
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	OR ATTENDING PHYSICIAN: be retained by the haspital or	this certi detached e Dept. a		×	21d. INJURY OCCURRE While Not while of work of work	ED 21e f	LACE OF INJURY (A	I HOME, FARM, STREET, FA FFICE GUILDING, ETC.	CTORY.) 21f LOCATION	Street or R.F.D. No.	City or Town		County	State
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	Page 4 may		$\langle \cdot $		22d. PHYSICIAN'S NAME (Type)	Edr/	I Cham	hers -	m.0 2	e. ADDRESS 410f-L	berty Ht.	Br	tto 1	uf.
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physician. signed by the oftending physician and completely filled in by the burial-transit permit. Then please remove corbon papers. Pages burial, cremation, or removal, and in any event, within 72 hours after the please remove corbon papers.	13a. USUAL RESIDE admission) STATE Maryla:	NCE (Where decease	ed lived, if institution	Residence before	13c. CITY OR TO	WN 13d. 0	NO I	13e STREET AND NU 321 Cand		****	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours when Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the figurector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages is should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the state Dept.	While [77] No	OCCURRED 21e.		T HOME, FARM, STREET, FA FFICE BUILDING, ETC.	CTORY,) 21f. LOCA	TION Street ar I	R F.D. Na	City or Town	((ounty	State
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O HOSPITAL	Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certrificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. af Health priar to burial, crematian, ar removal, and in any event, within 72 hours after the state Dept.	4	23a.	BURIAL, CREMATION, 23b. REMOVAL (Specify)		C. NAME OF CEMETER	Y OR CREMATORY	23d l	OCATION (City or Town)	(County) (State)
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		ty or town of DEATH OUNT Wilson	1) NAME OF HOS	PITAL OR INSTITUTION (IF Son State I	nat in haspital 12a. USL during in	UAL OCCUPATION (Kind of work dor nost of working life, even if retired 11 Course Of Course for	12b. KIND OF BUSINESS OR INDUSTRY
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Ă		21 a. ACCIDENT WAS UNDERLYI ☐ DR CONTRIBUTING ☐ CAJSE OF DE	TH HOUR A.M. Month	Day Year	OW INJURY OCCURRED (Ent	Ter nature of injury in Port 1 or Part	2, Item 18.)
	불	(If either, natify medical examed 21a INJURY OCCURRED 21a While Nat while at work	iner) P.M. PLACE OF INJURY (AT HOME, FI	ARM, STREET FACEURY.) 21f 1 DING, ETC.	OCATION Street or R.F.D. N	a. City ar Tawn	County State
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		22b. SIGNATURE	Merem	ica deg	REE PHYS	MED STAFF DIRECTOR PHYS. D	2c. DATE SIGNED
4 / James P	,		m Newcomer				Mt. Wilson, Md.
3	23a.	REMOVAL (Specify)		NAME OF CEMETERY OF		23d LOCATION (City or Town)	(County) (State)
	24.	FUNERAL DIRECTOR	×2-1300	ADDRESS (BY REGISTRAR 250 REGISTRA	AR'S SIGNATURE

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- 15 T	la				AND STATE DEPART			
J (X()	1	06334	DI	VISION OF VITAL RECOR	DS, 301 W. PRESTON S CERTIFICATE OF		E, MARYLAND 21201	00330
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G PHYSICIAN: the haspital at this certificate defacthed far t	MED	214 INTUDY OFFIDE	ICD DIA DIA		T, FACTORY.) 21f. LOCATION Str	reet or R.F.D. No	City or Town	County State
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OR be r		Clarence	€.//	William	DEGREE PHYS	DIRECTO	R L PHYS L	mucey 2 1768
O HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 shaulc		22d PHYSIC ANS NAME (Type)	Clare	nce E. McWil	liems Rei	sterstow	n Rd., Reis	terstown, Md
O HOSPII Page 4 m O FUNER director,	230	BURIAL, CREMATION,	23b. DATE	23c NAME	OF CEMETERY OR CREMATORY	23d	LOCATION (City of Town)	(County) (State)
2 2 5 4	4	REMOVAL (Specify)	1-5	5-68 mt.	Carmelsy	strollenetry	nort Eas	tocil mid
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1		MARYLAND STATE DEPARTMENT OF HEALTH	
/		00335 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	00331
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00997
HEALTH DEPT.		ECEASED NAME 3 Middle Lost 2a DATE KNOWN Month	Day Year 2b HOJR
0 04	(Type or Print) Rose MAY DaVALL DEATH MATED []	27 1968 21/3 M
Sold of	3 5	EX 4 RACE S DATE OF BIRTH 6 AGE (In years I CHOCK I YEAR F LNOCK 24 HRS 2C DATE PRONOUNCED DEAD	2d HOUR
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ive g v g v thr.	K	ANCIANS TOUR I HITE COUNTY TEN HOSE, HOUSEWITE	
offe of hard	130	USUAL RESIDENCE (Where deceased led of institution Residence before 13c/CITY OR TOWN 13d INSIGE CITY UMITS? 13e. STREET AND NUMBER dmission) STATE 13b. COUNTY - 72 / 73 / 74 / 74 / 75 / 75 / 75 / 75 / 75 / 75	0 1111
24 hours ofter death Ony in Item 18. Give Pages 1, 2, rs office along with form Phes I and 2 with the State Departs ofter death.	<u> </u>	Mar. CHITE. WOODING WE DON'TH DO	Gwood Ked.
on term	14. F	ATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
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thin 24 incil in niner s poges hours		WAS DECEASED EVER IN U.S. ARMED FORCES? (es. ngs of unknown) (II yes give wor or dates of service) 16b. SOCIAL SECURITY NO 17, INFORMANT ADDRESS 37	13 HOURTH ST
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shauld be executed with eword "pending in perior the Chief Medical Exonoution burial-tronsit permit. File I in any event within 72		18 CAUSE OF DEATH (Enter on y one cause per line for (a), (b) and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
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vertificate shauld writing the word rworded to the Ci rsed os a burial-tra rovol, and in any			
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trific ord ord vol.	NO	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	I BO ALIED DOMO
Cer WI Drw Drw Mov	ICAT	TAR CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
KAMINER: Th's certificate should be executed within 24 hours offer death te the certificate, writing the word "pending in pencil in Item 18. Give Pages 1, age 4 should be forwarded to the Chief Medical Examiners Office along with formyour files. Your files. You files. You files a should be used as a build-tronsit permit. File pages land? with the State Decremation, or removal, and in any event within 72 hours after death.	CERTIFICAT	A. EVERDA M. SALES MAN	YES NO
d b		216 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, 1 PRIMARY OR CONTRIBUTING HOUR A.M.	tem 18.)
DICAL EXAMINER: se execute the cert ector. Poge 4 should med far your files. ECTOR: Page 3 should buried, cremation,	MEDICAL	CAUSE OF DEATH P.M. 19	
	*	21d INJURY OCCURRED 2 e PLACE OF INJURY (At home farm, street, white purposes foctory, affice building, etc.) 21f. LOCATION Street or R.F.D. Na City at Tawn	Caunty State
X See See See See See See See See See Se		WHILE NOT WHILE TOCTORY, Office building, etc }	
ICAL EXA E execute for Poge ed for you CTOR: Page buriot, cre		22a certify that I tack charge of the remains described above, held an Autopsy , Inspection / Inquiry /	and in my opinian
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TO DEPUTY COICAL EXAM necessory, please execute the the funeral director Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, crem	230	BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23c LOCATION (City of Town)	(Caunty) (State)
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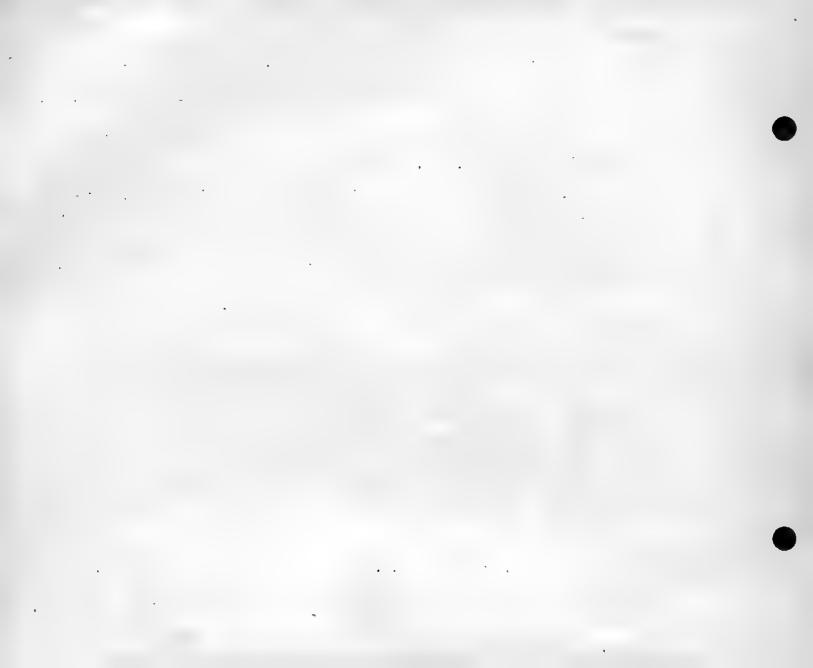
		MAKTLAND STATE DEPAKTMENT OF HEALTH
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		CERTIFICATE OF DEATH
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ely barn	L	10WSEN 20.12.11.0. H/W Housewife
plet car		USUAL RES.DENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d, INSIDE CAY E.MITS? 13e, STREET AND NUMBER (SSIGN) STATE 13b, COUNTY YES TO NOT 13c, TOURS TO NOT
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	CERTIFICATION	CAUSES OF TRAILEY
PHYSICIAN: The e hospital ar atte nis certificate has stacked for use a Dept. af Health pr	E	A
AN: Gart Gart Heo		216 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 MOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
IYSECIA hospital certific ched fo	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 19
s PHYSIC the hospit this certi detached e Dept. al	2-	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street ar R.F.D. No. City or Town County State While Naturality State Sta
this the dete	Н	lotwork at work
by Stat	П	220. I certify that (I) this hospital) ottended the deceased from 14/27/68 1964, to class 27, 1968, that (I) (we) last
	П	saw the deceased this on 1902 7 1902 and that in/(my) our opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (and (did not) view the body after death.
Trip 12 tel		22c DATE SIGNED.
OR ATTENION DE retained SIRECTOR: 4 e 3 shauld ed with the		226 SIGNATURE DEGREE PHYS DIRECTOR D STAFF & 20 DITE SIGNED H 1968.
ITAL OR ATTENO may be retained RAL DIRECTOR: A page 3 shauld be filed with the	L	20 ADDECC
RAI RAI Pe		NAME (Type) DUNCAN MCGHIE. GIGGE. S4" ST.
TO HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 shauld should be filed with the	22	BURIAL (REMATION, 23b. DATE 23c MAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
H G G G G G G G G G G G G G G G G G G G	Zag	FRMOVAL (Specified) 7 1 - 1-1 1-1 1-1 1-1 1-1 1-1 1-1 1-1 1
5-5-0	34	FUNERAL DIRECTOR
VR A15 (4) 3044, REV. 1468	127	Burger Fungral Home Baltimone Mexical AN 30 1008 Policing Judge
1347/	1	DAIDAN SU LING STORY

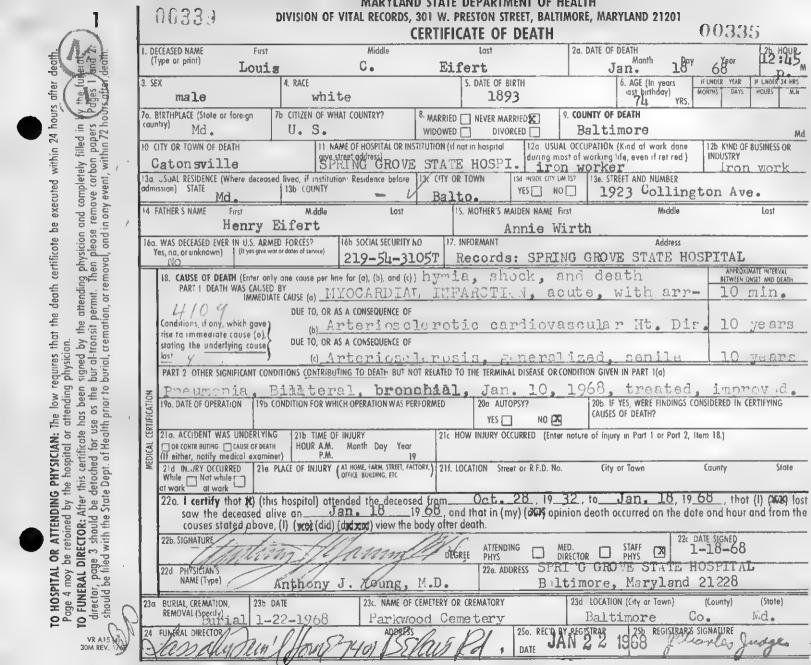
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CERTIFICATE OF DEATH Comparison Compar	/	MARYLAND STATE DEPARTMENT OF HEALTH OUSS DIVISION OF VITAL RECORDS 301 W PRESTON STREET RAITIMORE MARYLAND 21201	
1. DECEASED NAME First Middle Lost 2g. DATE OF DEATH		DITISION OF TIME RECORDS, SOF W. I RESTOR STREET, DATIMORE, MARTERITO 21201)333
Detail Name Series Serie		CERTIFICATE OF DEATH	
Second of the part	death 2	(Type or print) ANNA CAROLINE EASTER January Month 3804	1968 6:50PM
To. BIRTHATE (Since of Driving) To. County Balto, Ma. To. County Balto, Ma. To. Similar And County Balton, Ma. To. County	affer fur	3 SEX 4. RACE 5. DATE OF BIRTH 6 AGE (In years 15 UNDER PROPERTY 25 120 DECEMBER 25 17 203 120 DECEMBER 25 17 20 DECEMBER 25 1	
TOWBOT TOWBOT	4 haurs I in by Pers. P	70. BIRTHPLACE (Stote or foreign Country) 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Baltimore	Md.
USUAL RESIDENCE (Where deceased lived, if instruction: Residence before 13c. CITY OR TOWN 13d modic 13d COUNTY 15d modic 13d COUNTY 15d modic 15d	vithin 2 ly filled on pop	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired) 120 USUAL OCCUPATION (Kind of work dane during most of working life, even if retired) 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired)	KIND OF BUSINESS OR USTRY
14. FATHER'S NAME First Middle Lost IS. MOTHER'S MADEN NAME First Middle Lost John IV nicrown IV res give were selected statement John IV nicrown IV res give were selected statement IV nicrown IV nicrown IV nicrown IV nicrown	cuted w amplete ve carb event,	130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDERRY LIMITS? 13e STREET AND NUMBER 13th COUNTY	l
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 219-30-7210 Mr John G. Easter 61:18 Belair Road 21& 129-30-7210	be exert and a remark in any	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))	rificate hysician n pleas val, and		
The part of the pa	aw requires that the death cei nding physician. been signed by the attending p i the burial-transit permit. The ar ta burial, crematian, ar rema	Conditions, if any, which gave rise to tum mediate cause (a), stating the underlying cause (b). PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	APPROXIMENUM RIEVAL BETWEEN ONSET AND DEATH
The either, notify medical examiner) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STEEF FACTORY) 21f. LOCATION Street or R.F.D. No. City ar Tawn County While Not while 10 twork 10 twork	IAN: The lot of or attended fiction of the standard far use os the other than the other than the other than the other or		
220. I certify that (A (this hospital) attended the deceased from January 2, 1968, to January 30, 1968, that saw the deceased sive on January 30, 1968, and that in (my) (our) opinion death occurred on the date and hour a couses stated above, (I) (we) (did) (did not) view the body after death. 220. I certify that (A (this hospital) attended the deceased from January 2, 1968, to January 30, 1968, that saw the deceased sive on January 30, 1968, that saw the deceased sive on January 30, 1968, that saw the deceased sive on January 30, 1968, and that in (my) (our) opinion death occurred on the date and hour a couses stated above, (I) (we) (did) (did not) view the body after death.	s PHYSIC the haspit this certi detached e Dept. af	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Not while	,
226 SIGNATURE 220. DATE SIGNED	TENDING Inned by 100. OR: After ould be ould be 110.	22o. I certify that (A (this hospital) attended the deceosed from January 2, 1968, toJanuary 30, 1968 saw the deceosed dive on January 30, 1968, and that in (my) (our) opinion death occurred on the date and couses stated grove), (I) (we) (did) (did pet) view the body after death.	, that () (we) lost I hour and from the
DEGREE PHYS DEGREE PHYS DIRECTOR DIRECT	L OR AI be reto DIRECTO ge 3 sh iled with	22% SIGNATURE DEGREE PHYS DEGREE PHYS DIRECTOR STAFF PHYS. DIRECTOR D	y 31, 1968
22d. PHYSICIAN'S NAME (Type) Reynaldo Orjuela-Gomez, M.D. 22e. ADDRESS 7620 York Rd., Towson, Md. 21204 23d. BURIAL (REMAI ON, REMOVAL (Specify) 23d. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 2-3-1968 Moreland Liemorial Cem. Baltimore Co.	SPITAL 4 may VERAL Flor, pa	NAME (Type) Reynaldo Orjuela-Gomez, M.D. 7620 York Rd., Towson, Md. 212	
23d BURIAL (REMAT ON, REMOVAL (Specify) 2-3-1968 Moreland Memorial Cem. Paltimore Co.	Page TO FUN direct show	REMOVAL (Specify) 2-3-1968 Moreland Memorial Cem. Baltimore Co.	Md.
VR A15 [4] 30M REV 1/68 24. FUNERAL DIRECTOR ADDRESS ADDRESS 25. REC'D BY REGISTRAR 25.6 REGISTRAR 3 SIGNATURE DATE FEB 5 1968	- 1	D Party I	4.4



X 1	ti	MARYLAND STATE DEPARTMENT OF HEALTH	1201	
FOR STATE	2=	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0	0334
HEALTH THEFT	1 D	-2-2-1	TE KNOWN (X) Manth Day	Yeor 2b HGHR
(s l e) /e/	(1	Type or Print) TOUN POLIADIS TO		1968 10 M
anto de la serie	3. SE	EX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HIRS. 2c. DAT	E PRONOUNCED DEAD	2d. HOUR
ny del 7, and PM3. ortme	M	Male Negro 10-14-19 des brithdoy) MONTHS DAYS HOURS MMM. Mo	The Doy 22	Yeor 19 68 LO PM
n F		BIRTHPLACE (State or foreign 7b, CIT ZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9 COUNTY OF	DEATH	
form form		BALT	IMORE OCA	enty Md
Pog Pog vith		FORT HOWARD 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital OCCUPATIO STREET ADM. HOSPITAL		KIND OF PUSINESS OR ISTRY
hours ofter death ny delay ltem 18. Give Poges 1, 2, and office along with form PM3. R. lond 2 with the State Departmen after dileth.			REET AND NUMBER	
s ofter 18. Give a long a long depth.			8 Llewellyns	Avenue
hours Item 1 Office 1 ond 2	14 E	FATHER'S NAME First A Middle Lost IS MOTHER'S MAIDEN NAME First	Middle	Last
s af		John Edulards Danie,		
MINER: This certificate should be executed within 24 hours offer death the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 4 should be forwarded to the Chief Medical Examiner's Office along with form it files. 3 Should be used as a burial-transit permit. File pages land 2 with the State Demation, or removal, and in any event within 72 hours after diaoth.		WAS DECEASED EVER WILL S ARMED FORCES? (es, na_or_unknown) Wyes_give_wer_or_bones_of_service) 16b SOCIAL SECURITY NO 17 INFORMANT 18	ADDRESS 4	19110
Exam Exam File p	L',	42. (U.W. IT J48-26-40) (Ken 1 52 Cord	Va HOSP +	77 11.1
ted all E		18 CAUSE OF DEATH (Enter only one couse per one for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: Bronchopneumonia	,	BETWEEN ONSET AND GEATH
executed nding" in Medical I		IMMEDIATE CAUSE (a)		
e e) pen ef M sit p		DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gave) POET-traumatic epile, sy		
Chi Chi		rise to immediate cause (a). (b)		
should be e ne word "per to the Chief ! burial-transit d in ony ever		lost Old blunt head injury		
XAMINER: This certificate should be executed with the certificate, writing the word "pending" in pege 4 snould be forwarded to the Chief Medical Exaryour files. Oge 3 should be used as o burial-transit permit. File cremation, or removal, and in any event within 72		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART I(a)	
rfica tring order	N.	96 - X		
cert wr orwo	E	190 DATE OF OPERATION ept., 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?		20 AUTOPSY?
This certificate, writing to forward to be used to removal to removal	CERTIFICATION	Oct & Nov. 1965 Head injury 210 EXTERNAL CAUSE WAS 216 TIME OF NURY Month Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury)		YES K NO
INER: T e certific should b files. 3 should	S	PRIMARY TOR CONTRIBUTING HOUR A.M. 100 U.C.	ry in rair or rair 2 irem it	1]
INER in cert should show that it is a shown to the short of the short	MED	21d INJURY OCCURRED 21e PLACE OF NJURY (At hame, form, street, 21f LOCATION Street or R.F.D. Na GI	ty or Town (o	iunty State
XAM tre th ge 4 your your crem		fortony office building etc.)	Ltimore	M.d
se execute the certicor Poge 4 should ned for your files. ECTOR: Poge 3 should buriol, cremation.		220. I certify that I took charge of the remains described above, held an Autopsy (X), Inspection	n , Inquiry ,	end in my opinion
ICAL Established			determined monner	, ,
pleose e I director retoined L DIRECTOR		CHIEF MEDICAL EXAMINER]	
TY, pleose y, pleose se retoine (AL DIRE prior to		ACTUAL SIGNATURE MD ASSISTANT MEDICAL EXAMINER	_	
necessary, please execute the funeral director Page 4 5 may be retained for your to FuneRAL DIRECTOR: Page Health prior to buriol, crem		EXAMINER'S Charles S. Springate, M.D. DEPLTY MEDICA. EXAMINER L. ADDRESS (Street, city, town, or co		25, 1968
TO D the S m TO FU	230		ON (E.ty or Town) (Cou	nty) (State)
	0	Shyaf Ed 1-26-68 talm Eto GEm. Dar	being lot	2,0
VR A15ME (5)	24	Tack man (and ear) 217 F. Landers St. Date JAN 30	968 REGISTRARS S CNA	Jacobsen .
VR A15ME (5)		TOUGHON (CAMPERD) & I () I TOOKE OF DATE ON BOTH	100	0 0







		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201		
		CERTIFICATE OF DEATH	00336	
		ECEASED-NAME First M.ddle Last 2a. DATE OF DEATH (YDE or print) PR FORDON LEROY ELLIOTT (Month 2), Day 13	Year	2b HOUR
	3 SE	S. DATE OF BIRTH 4 RACE 4 RACE 4 RACE 4 RACE 5. DATE OF BIRTH 4 22 1921 6 AGE (In years lest hirthday) 4 6 YRS.		JNDER 24 HRS DURS MIN
	7o 8	BIRTHPLACE (Stole or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH STORY) BOLL, M.D. USA. WIDOWED DIVORCED DIVORCED Baltimore County		Md.
	10 C	ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 13. Wilson 14. Wilson 15. Wilson	26 KIND OF BUS	SINESS OR
		USUAL RESIDENCE (Where deceased lived, if institution Residence before, 13c CITY OR TOWN 13d INSIDE CITY UMISS? 136. STREET AND NUMBER 13b. COUNTY 13b. COUNTY 13b. COUNTY 13c. STREET AND NUMBER 13b. COUNTY 124 7 W. Cross	stat	
		FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle ANDREW ELLIOTT LITA GASWYNE		Last
		(es, no, or unknown) (If yes give war or dates of service) 220-07-5873 Records, Mt. Wilson State Hosp		
		18. CAUSE OF DEATH (Enter andy one couse per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (b)	APPROXIMATE BETWEEN DISET	AND DEATH
		Conditions, if any, which gave (b). Conditions, if any, which gave (b). FAR. A D.V. PULMONARY TUBERCALOSIS		
		stating the underlying cause (c) (c)		
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) LEFT PNEUMONECTOMY AND THORAGORIASTY		
1	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERATION OF PULMONARY TUBERCO LOSIS YES NO 150 CAUSES OF DEATH?		FYING
	MEDICAL CE	216. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item OR CONTRIBUTING CAUSE DE DEATH (If either, natify medical examiner) P.M. 19		
	**	While Not while Office Building, ETC	nunty	State
		22a. I certify that (I) (this haspital) attended the deceased from	人, that (I) ind havr an) (we) last d fram the
		22b. SIGNATURE DEGREE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DI	SJGNED /	:8
1		22d. PHYSICIAN'S 22e ADDRESS NAME (Type) William Newcomer, M.D. Mount Wilson, Maryland		
	23 o.	REMOVA (Specify) 1/24/68 Balto national town. 5500 Flekerick	are	(State)
68	24	ADDRESS ADDRESS PAGE 18 ADDRES	NATURE	y a

MARTLAND STATE DEPARTMENT OF HEALTH



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		06341	DIVISION OF THAL RECOR		TE OF DEATH	inore, norten	10 21201	0033	2
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	3. SE	Female	4. RACE White	S.	DATE OF BIRTH 12/19		E (In years birthday) 6 2 YRS.		F UNDER 24 HRS. HOURS MIN
	7o. f	BIRTHPLACE (State or foreign nary Land	7b. CITIZEN OF WHAT COUNTRY?	WIDOWED (C)	NEVER MARRIED DIVORCED	9 COUNTY OF DEATH Baltimore	e Count	- y	Md
3	M	t. Wilson	11. NAME OF HOSPITAL (give street oddress) Mt. Wilsor	State Ho	spital during m	AL OCCUPATION (Kind of ost of working life, ex	ren if retired.)	126. KIND OF BUILD JSTRYOU	JSINESS OR
	admi	ission) STATE MD	13b COUNTY Mant	Silven	Spring YES X 4	\$210	Cestar	54.	V
2		FATHER'S NAME First Euger	ie Elli	i+h	Hessie		Middle	Robinson	Lost
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		Canditions, if ony, which gave)	DUE TO, OR AS A CONSEQUENCE						
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		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH 8	UT NOT RELATED TO T	HE TERMINAL DISEASE OR	CONDITION GIVEN IN PA	RT I(a)		
,	CERTIFICATION	190 DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION W	AS PERFORMED	20a. AUTOPSY? YES NO	CALICES OF DE		ONSIDERED IN CERT	TIFYING
1	MEDICAL CERT	21a ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day	Yeor	INJURY OCCURRED (Ente		art 1 or Part 2, I	Item 18.)	-
			PLACE OF INJURY (AT HOME, FARM, STRE OFFICE BUILDING, ETC		TION Street or R.F.D. No	. City or Taw	rN	County	State
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		causes stated above	, (i) (we) (did) (did not) view			WED STAF	e	DATE SIGNED	10
1		22d. PHYSICIAN S NAME (Type) \\/;11;	Monny	DEGREE	22e. ADDRESS	WED STAF		- 22-6	08
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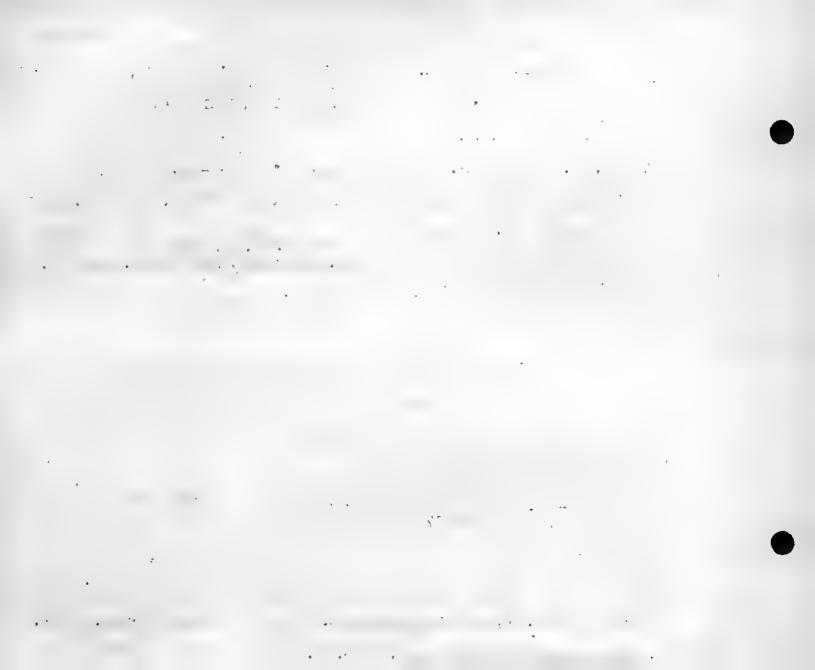
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of courts			06342	DIVISION OF VITAL RE	ECORDS, 301 W. PRE	STON STREET, BAL	TIMORE, MARYLAND 2	
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(feath	ou deo	(ype or print) EDWARI	FRANKLI	N ELMOI	RE	JANUARY	12° 1968 750 M
	- - = -	3 . Si	Χ	4 RACE	S.	DATE OF BIRTH	6 AGE (₹n s	years Funder Year If under 24 HRS.
s aff	oge:	L	MALE	CAUCASI		12/26/18		yrs. Months Days Hours Min.
9	yd		BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY	Y? 8 MARRIED	NEVER MARRIED	9. COUNTY OF DEATH	
74 h	d in pers	100	PENNA.	USA	WIDOWED		BALTIMOR	E Ma
.⊑	a bull	10.	ITY OR TOWN OF DEATH	11 NAME OF HOSP	PITAL OR INSTITUTION (If not	in hospitol 120. USL	IAL OCCUPATION (Kind of wo	rk done 12b KIND OF BUSINESS OR
wiff	wit wit		DUNDALK(21		UNMANWAY		rost of working life, even if r VELDER	
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after trained by the heartful or attending physician.	first barrange progress. It is so that the property of the other please remove carbon papers. Pages I for use as the buriol-transit permit. Then please remove carbon papers. Pages I Health prior to buriol, cremation, or removal, and in any event, within 72 hours after the control of the co		USUAL RESIDENCE (Where deceo ssion) STATE	13b. COUNTY	MORF DUNDA	VEC .	136. STREET AND NU. 10 X SEE #	MBER II
exe	ony any	14.	ATHER'S NAME First	Middle	Lost 15 /	NOTHER'S MA DEN NAME		Widdle Lost
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€	phys en p		es no Sor unknown) (11 yet sive	1°09/	3386 BEF	NICE G. E	IMORE AS	
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N Z	Tec for E	ਤਿ	OR CONTRIBUTING CAUSE OF DEA	TH HOUR AM Month D	oy Yeor	INJURY OCCURRED (Ent	er noture of injury in Port 1 o	r Port 2, Item 18.)
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PHY	To go of the following of the transfer of containing director, page 3 should be defoched for use os the capabld be filed with the State Dept. of Health prior to		While P Not while	PLACE OF INJURY (AT HOME FAR	M, STREET, FACTORY.) 21f. LOCA NG ETC.	IIIUN Street of K.F.D. N	o. City or Town	County State
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OR ATTENI	3 st	Н	22b. SIGNUTURE	DIA -	mx DEGREE	ATTENDING X	MED STAFF DIRECTOR PHYS.	22c/Dafte SIGNED
0 %			22d. PHYSICIANS	0 6000	DEGREE	22e. ADDRESS		1 7/5/6 8
TO HOSPITAL	ERAI or, p		NAME (Type) M . B . I	AVIS, MD.		6800 MOF	NINGTON RE	. DUNDALK, MD
O HOS	Sign C	23o			NAME OF CEMETERY OR CE	REMATORY	23d. LOCATION (City or Yo	wn) (County) (State)
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	30M REV 1/68	KI	I POLINE IS	1/1/12	roccert IM	DATE	JAN 16 1968	Charles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00340 CERTIFICATE OF DEATH 1. DECEASED NAME Middle 20. DATE OF DEATH 2b HOUR after, death (Type or print) Month 3. SEX 4. RACE IF HNDER 1 YEAR S. DATE OF BIRTH 6. AGE (in years IF UNDER 24 HRS lost birthday) MONTHS DAYS HOLRS 12-16-1 ite male YRS. requires that the death certificate be executed within 24 hours 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED X country) WIDOWED [7] DIVORCED burial, crematian, ar removal, and in any event, within 72 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY remave carbon Balto., Md. Nursing Home 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES 🗀 NO 🙀 Balto. 509 Glen Allen Drive 14. FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME First Middle and AUGUSTA George E. Entwish KIPPER 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT 2037 Nyde St. Sanfrancisco, Yes, no. or unknown) Mrs. Dorothy Flynn. Calif. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by the burial-transit p Conditions, if any, which gave) rise to immediate cause (a), stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached far use as the 'should be filed with the State Dept. af Health priar to 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [NO [O FUNERAL DIRECTOR: After this certificate 210, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21e PLACE OF INJURY (AT HOME, FARM STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Nat while at wark 22a. I certify that (1) (this haspital) ottended the deceased from , to , that (I) (we) last 19 de, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive onbe retained causes stated above, (1) (we) (did nat) view the body after death. 22b. SIGNATORI 22c. DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR PHYS 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) Manuel J. Rodriguez 1424 Sulphir Spring Rd. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 23a BURIAL, CREMATION. Burial (Specify) Loudon Park Cem 256. REGISTRAR'S SIGNATURE 4101 Edmondson Ave. Baltimore, Md., 21229 24. FUNERAL DIRECTOR 2Sq REC'D BY REGISTRAR Witzke F. 1968 30M REV



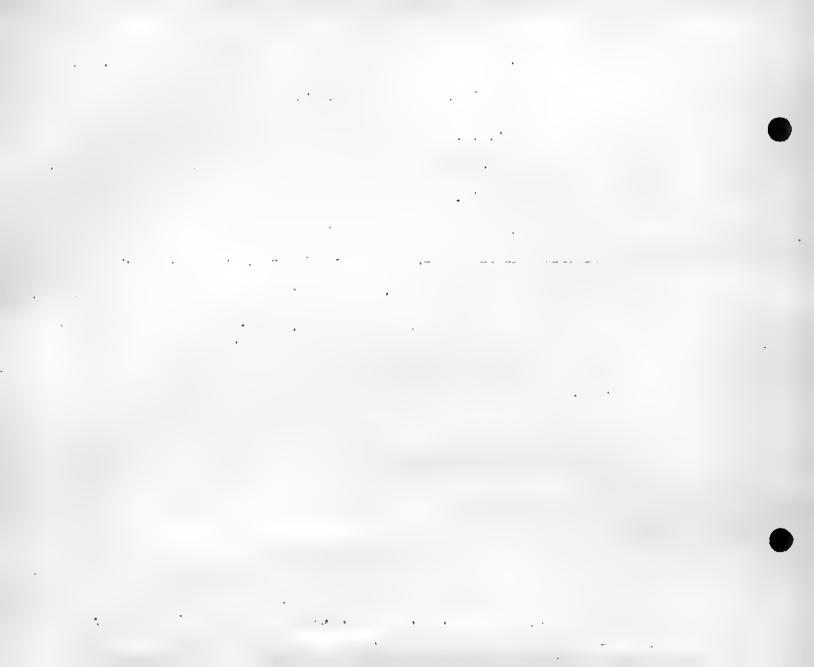
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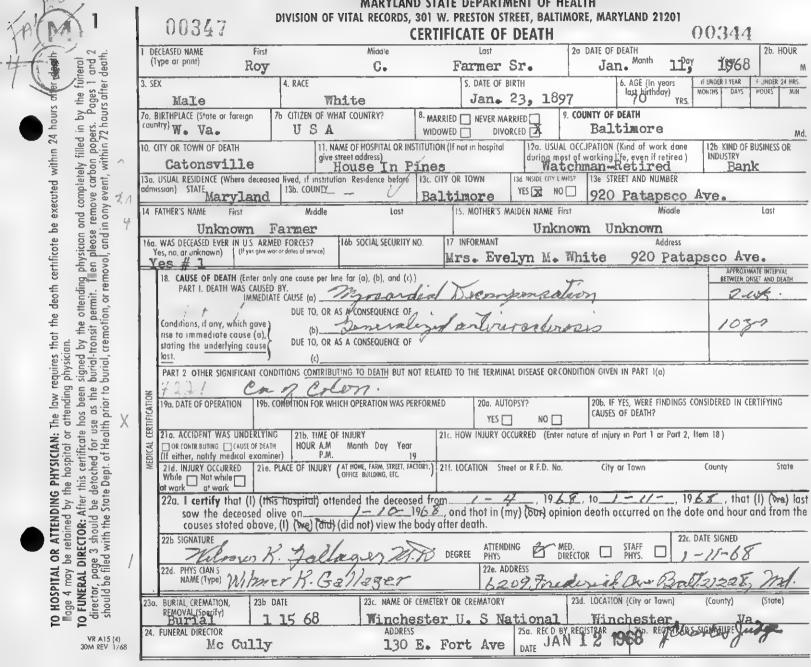


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MARYLAND STATE DEPARTMENT OF HEALTH

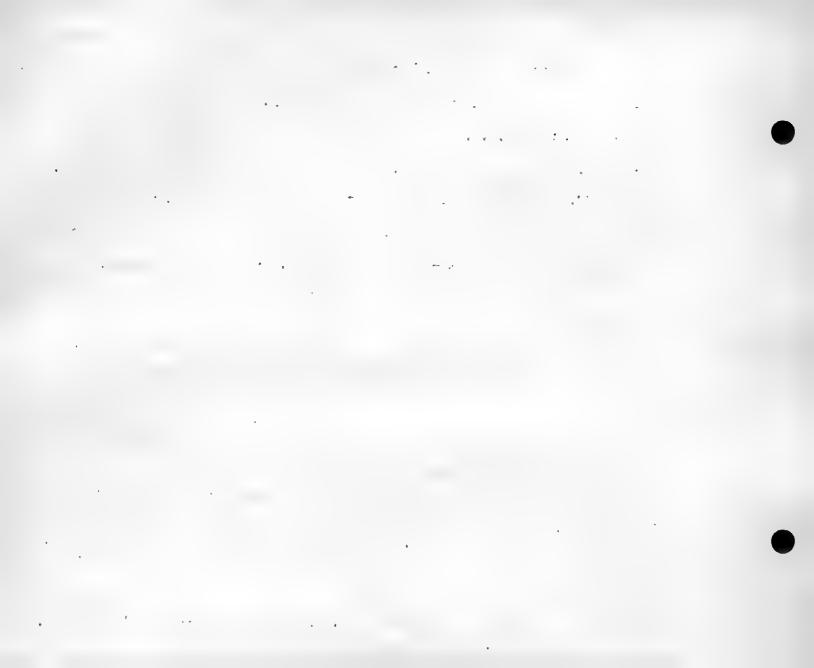






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3.	SEX Ma	le	4. RAC		ite		5. DATE OF BIRT 9-14-3		6. AG	E (In years bishday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
7a		HPLACE (State or foreign		EN OF WHA	AT COUNTRY?	8. MARRIE WIDOWE	NEVER MARRI	ED L	Baltime		1	Md.
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		o. ACCIDENT WAS UNDER	RLYING 211	TIME OF			HOW INJURY OCCU	RRED (Enter natu	ure of injury in P	art 1 ar Part 2,	Item 18.)	
MEDICAL		ar contributing (CAUSE 0) either, natify medical ex	F DEATH HC	UR A.M. P.M.	Manth Day Ye	or 19						
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	22	b SIGNATURE	Eles		m d	0	GREE PHYS.	MED	TOR STAF	F 🔲 22c.	DATE SIGNED	:8
	22	d. PHYSICIAN'S NAME (Type)					22e. ADDR		- 107			
2	3a. Bl		23b. DATE				OR CREMATORY	1	d. LOCATION (City		(Caunty)	(State)
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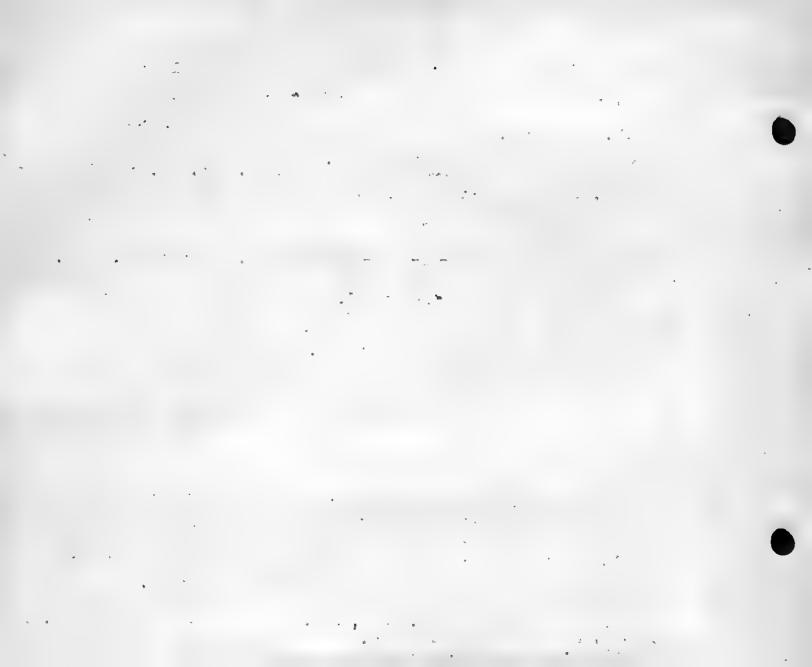
MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 36344 00346 CERTIFICATE OF DEATH 2b HOUR DECEASED-NAME First Middle Lost 2g. DATE OF DEATH requires that the death certificate be executed within 24 hours after death (Type or print) John H. Ficken 0:1% 6. AGE F UNDER 1 YEAR IF UNOFR 24 HRS 4. RACE 5. DATE OF BIRTH (In years arthday) 3 SEX DAYS HOURS 2/31/1875 Male W 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH Baltimore 70 BIRTHPLACE (State or foreign 8. MARRIED THE NEVER MARRIED County country) N . Y .. U.S.A. WIDOWED [7] DIVORCED [13. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) LOWS on Con. 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY Towson Mgr. Acc. DeptColgate Home campletel 13a, USUAL RESIDENCE (Where deceased lived, if institution, Residence before 113c, CITY OR TOWN 13d, INSIDE GTY LIM TS? TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplet director, page 3 shauld be detached far use as the bural-transit permit. Then please remave car should be filed with the State Dept. of Health prior ta burial, crematian, ar remaval, and in any event, admissian) STATIN J 13b. COUNTY Bergen Hackensak YES TO NO TO 14. FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME First Middle Last Gimbel John Ficken Elizabeth 17 INFORMANT Address 37 () 16b. SOCIAL SECURITY NO 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? YES no, ar unknown) fill yes give war or dates of service) 140-03-6720-A Dorothy M. Witaker Ave. Balt. APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o)- (b), ond (c) PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [7] NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) or contributing acause of death (if either, notify medical examiner) HOUR A.M. Manth Day Year P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. Stole City or Town County While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from 1965, and that in (my) (our) opinion deci , and that in (my) (our) opinion death occurred on the date and hour and fram the couses stated above, (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING DEGREE PHYS. DIRECTOR 22e. ADDRESS 22d. PHYSIC AN'S 1609 Pot Spring Rd. NAME (Type) 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) (State) 230 BURIAL, CREMATION, 23b. DATE 1968 N.J. Wash. Mem. Park Paramus Geo. 25g. REC D BY REGISTRAR 2Sb. Jenkins VR A15 (4) 1968 DATEJAN Sons Co. Balt. Md. 21212 30M REV, 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



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Ţ		TY OR TOWN OF DEATH	Valve stree	t address)	TUTION (If not in hospital	12a USUAL OCCI during most of s	UPATION (Kind of work done working life, even if retired.)	12b KIND OF BUSINESS OR INDUSTRY	
10	3n I	JSUAL RESIDENCE (Where deceos	ed lived, if Institution,	Recidence hofare	CATONSUILLE	13d INSIDE CITY LIMITS? YES NO	13e. STREET AND NUMBER	DSON AVE	
ì	14. F	ATHER'S NAME FIRST THOMAS	Middle	lost CENZL/	111	MAIDEN NAME First	Middle SN YDER	Lost	=
Ī	16a. Ye	WAS DECEASED EVER IN U.S. ARN	NED FORCES? or or dates of service)	a. SOCIAL SECURITY NO	. 17 INFORMANT		Address	entan) Que	
mation, or removal,	=	1B. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED) BY. /	Ecuti Ca	1 / 0	Clima		APPROXIMATE INTERVAL GETWEEN ONET AND DEATH	-
		Conditions, if any, which gave a rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A OUE TO, OR AS A	CONSEQUENCE OF	Carcumaic	Eden of a	vory & metator	es 7 mons	
	- 1	PART 2 OTHER SIGNIFICANT COM	(c) ID:TIONS CONTRIBUTING	TO DEATH BUT NOT	RELATED TO THE TERMINA	AL DISEASE OR CONDITI	ON GIVEN IN PART 1(0)		-
	CERTIFICATION	19a DATE OF OPERATION 19b.	CONDITION FOR WHICH	OPERATION WAS PERF	ORMED 20a AUTO		206 IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING	-
	₹I	21o. ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT (If either, notify med'col exomin	HOUR A.M. M	URY lanth Doy Year	21c. HOW INJURY OC	CURRED (Enter nature	a of injury in Part 1 or Port 2, I	ftem 18.)	
		21d INJURY OCCURRED 21e While Not while 1 It work of wark	PLACE OF INJURY (AT I	HOME, FARM. STREET, FACTO ICE BUILDING, ETC.	RY.) 21f LOCATION Stre		City or Town	County State	
		220. I certify that (I) (thi saw the deceased a causes stated above	s hospitol) ottend ive on	d the deceosed 19 I not) view the bo	fram. DITO , and that in (nody after deoth.	ny) (our) opinian (ta	te and hour and from th	5
		22b. SIGNAPLRE Joseph & L	sukarton	M	DEGREE PHYS		R STAFF 22c.	DATE SIGNEDY	
		22d. PHYSICIAN'S NAME (Type) VOSE	L G LA	WKAITIS		G Warten		three mit	
L			DATE -18-68	mr. on	METERY OR CREMATORY		LOCATION (City or Town)	(County) (Stote)	
2	24. F	UNERAL DIRECTOR	8-7/1.	Catonsvel	ile mil.	2So. REC'D BY REGI		SIGNATURE	

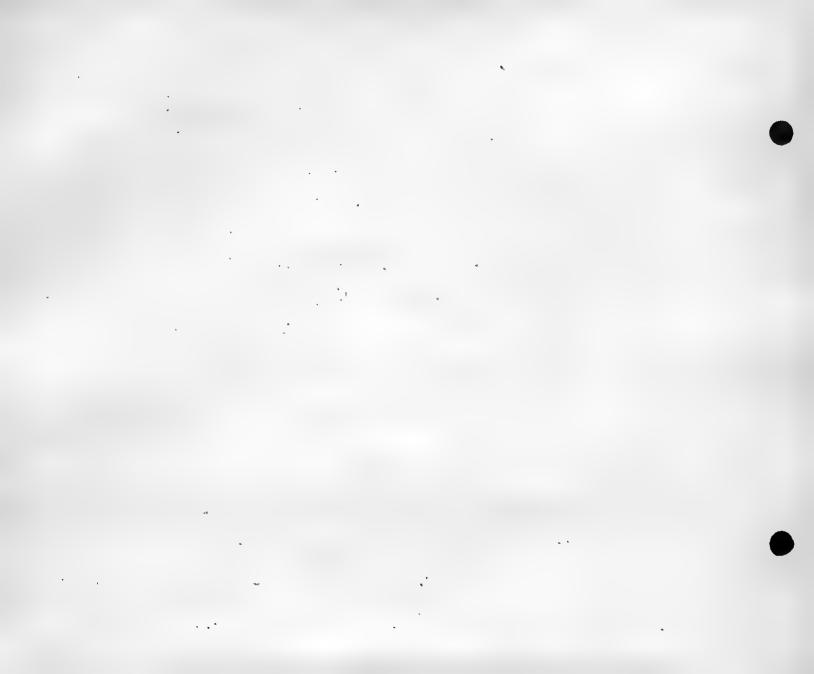


_	1			D STATE DEPARTMENT OF		
الم سيد		00351		301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	00349
	_			CERTIFICATE OF DEATH		
de se		Type or print) HENRY	Middle C .	FISCHER S	2a. DATE OF DEATH Month Day January 28	Yeor 1:45 _{AM}
是	3 S	EX	4. RACE	S DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
the the age	L	male	white	July 2, 1	1897 last birthday) YRS.	MONTHS DAYS HOURS MIN
by by		BIRTHPLACE (State or foreign 7	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
d in pers		Maryland	434	WIDOWED DIVORCED	DALIM	
cecuted within 24 haurs campletely filled in by save carban papers. Pay event, within 72 hours	. 10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS give street oddress)	disting	UAL OCCUPATION (Kind of work done most of working life, even if refired)	12b-KIND OF BUSINESS OR INDUSTRY
with void		Towson	St. Joseph	Hospital	retired (MINIC)	2 Ain Ing
nple cal	; adn	nissian) STATE	lived, if institution: Residence before	YES T	10 173	/ / / / / / / / / / / / / / / / / / / /
can can	14	Maryland FATHERS HAME First	M.ddle / Lost	15 MOTHER S MAIDEN NAME		1 Ave. (21234)
and and rem	14.	PATRICK STADING CHIST	12 middle Time Toos	CLAR!	·	e METT
te b ian ian indii	160	. WAS DECEASED EVER IN U.S. ARMEE	D FORCES? 16b. SOCIAL SECURITY I		Address	Thenoin AK
ifica ol. c		Yes, no, or unknown) (If yes give war		4485 Henry C.F.	hardn 4203E	· KASTLWOUS
certi g pt Them		IB. CAUSE OF DEATH (Enter grily	ane cause per line far (o), (b), and (c),			APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
ath adin regination		PART I. DEATH WAS CAUSED	ane cause per line far (o), (b), and (c). BY: E CAUSE (a)AcuteMoj	nocytic leukemia		BETWEEN BRIGHT MAD BEARIN
offer offer		2060	DUE TO, OR AS A CONSEQUENCE OF			
the state		Conditions, if any, which gave	(b) Extens	ive Pulmonary Infi	ltration	
thai in. by i		rise to mmed ate couse (a). (stating the underlying cause)	DUE TO, OR AS A CONSEQUENCE OF			
res /sició		last.	(ε)			
phy bury bury			ITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OF	(CONDITION GIVEN IN PART 1(a)	
ding ding ding ding the	S.	190, DATE OF OPERATION 196, CO	AND ITION FOR MINIST OFFICE TON MINE OF	RFORMED 200. AUTOPSY?	20b. IF YES, WERE FINDINGS C	ONCIDEDED IN CERTIFYING
be lo tten as b as b pric	CERTIFICATION	TYO, DATE OF OPERATION TYO, CO	ONDITION FOR WHICH OPERATION WAS PE	YES NO	CALISES OF DEATHS	ONSIDERED IN CERTIFFING
다 다 라 er a se b er b	ER I	21 a. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		ter nature of injury in Part 1 or Port 2,	Item 18.1
ral far	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Year	·	or theory or highly the value of the car.	
YSI(ospi cert cert cert cert	MED	21d, INJURY OCCURRED 21e, P	LACE OF INTLIFY LAT HOME, FARM, STREET, FAI	CTORY.) 21f. LOCATION Street or R F.D. N	lo. City or Town	County State
PH he he that this let a control of the control of		While Not while at work	OFFICE BUILDING, ETC.	1		4.0
ING by ti fter be d state		22a. I certify that (I) (this	haspital) attended the decease	ed from January 27, 19, 9, 68, and that in (my) (aur) a	68, to January 2019	60_, that (I) (we) last
END sed S: A		saw the deceased aliv	ve an January 20 11 (I) (we) (did) (did nat) view the	'Y <u>OO,</u> and that in (my) (aur) a bady after death	pinian death accurred an the do	ite and haur and tram the
ATT ATT OF STATE OF S		22b. SIGNATURE	(1) (110) (did) (did 11di) 11di 11di		22c	DATE SIGNED
OR Se re se de se		Cura .	. Layor M.D	DEGREE PHYS.	MED STAFF DIRECTOR DIRECTOR DIVIS	1-28-68
rAL day b pag pag e fije		22d. PHYSICIAN'S	. O O	22e. ADDRESS	1 73	
SPITAL OR ATTENDING PHYSICIAN: The law requires the 4 may be retained by the hospital ar attending physician. NERAL DIRECTOR: After this certificate has been signed by tar, page 3 should be detached far use as the burial-trailed be filled with the State Dept. af Health prior ta burial, cre			is S. Sayoc, M.D.	7620 Yo		: <u></u>
Page 4 may be retained by the hospital ar attending physician. To FUNERAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deato FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages Translated be filed with the State Dept. af Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after deat.	230	BUR AL CREMATION, 23b. DA	1 10	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
5 5 5 ° ×	1	REMOVAL SPECIFY) 2-	ADDRESS	move Remark	BY REGISTRAR 25b. REGISTRARS	
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			MARYLAND STATE DEPARTMENT OF HEA	
	1	DIVISION OF VITA	AL RECORDS, 301 W. PRESTON STREET, BALTIMO	
district rate		6353	CERTIFICATE OF DEATH	00351
£ -8£		ASED-NAME First	Middle Lost	2o. DATE OF DEATH 2b. HOUR
8 9 8 8	L	e or print) / RENE K.	-ISHER	Manth Doy 5- Year 8 9.3 14 M
	3 5	4. RACE	S. DATE OF BIRTH	6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last buthday) MONIDIS OAYS HOURS MIN
	L	L. W.	4/23/84	3 YRS. WOMEN'S COLOR
hour hour	70. cou	THPLACE (Stote or foreign 7b CITIZEN OF WHAT CO	TOTAL	COUNTY OF DEATH
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ted hple vent) adn	SUAL RESIDENCE (Where deceased lived, if institution R ion) STATE 13b. COUNTY	esidence before 13c CITY OR TOWN 13d INSIDE CITY HMITS	1 /2/2/ - 1 0/
con con ye.		THER'S NAME First Middle	Lost IS. MOTHER'S MAIDEN NAME First	10/60/20MB/ARC
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te b ion ose	160	VM - > CHALFING VAS DECEASED EVER IN U.S. ARMED FORCES? 166	SOCIAL SECURITY NO 17 INFORMANT	Address
fico yssc ol, o		no prijunknown) (If yes give war or dates of service)	6 12 2201 PR. DOWALD	F. FISHER
certi g ph Then mav	F	8. CAUSE OF DEATH (Enter only one cause per line for		APPROXIMATE INTERVAL BETWEEN OMSET AND GEATH
oe death certificote b ottending physicion permit. Then pleose ion, or remaval, and i	П	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	orobral Thumboni	2 millions
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equires that the physicion. signed by the commonly transit purial, cremotion			TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONF	DITION GIVEN IN PART I(a)
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ANS olo olo olo for for Hec	18	TOR CONTRIBUTING TO CAUSE OF GEATH HOUR A.M. MO	inth Day Year	Store of Injury in Port 1 or Port 2, Item 18.)
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PHY e ho nis o rifoch Dep		While Not while 1	OME, FARM, STREET FACTORY,) 21f. LOCATION Street or R.F.D. No.	City of 19wii
N T T T T T T T T T T T T T T T T T T T		120. I certify that (1) (this within) attended	d the deceased from 1959 . 19	10 free 5 1968 that (1) (we) last
NDI d b d b d b	П	saw the deceased alive on	19 & and that in (my) (sur) apinic	n deoth occurred on the date and hour and from the
TITE Soul		couses stoted obove, (I) (we) (and) (did	not) view the body offer deoth.	25. DAY CICARD
OR ATTENI OR ATTENI be retained bIRECTOR: A je 3 should ed with the	П	26 SIGNATURE ASTERIAL TO COST	DEGREE PHYS.	CCTOR STAFF 22c DATE SIGNED
y be filed	П	2d. PHYSICIAN /	22e. ADDRESS	
RAIL RAI be		NAME (Type) OHN A. NE	SBITT UR 1009-	redeman Pol Kalt. 21228
POBLIZE OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 has Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers, should be filled with the State Dept. of Health prior to burial, cremotion, or remayal, and in any event, within 72 has a state of the prior to burial.	23 a	BUR AL, CREMATION, 236 DATE	23c. NAME OF CEMETERY OR CREMATORY 2	23d LOCATION (City or Tawn) (County) (State)
5 5 5 5 W	1	DEMOVAL (Specify)	WOODLAWN	BALTO. Co. Met
VR A15 M	24	INERAL DIRECTOR 321 FREE	ADDRESS 250. REC'D 8Y R	
30M REV. 1/68	1	MACINABIS	DATE JAN	10 1968 Rollantes Judge



	1			STATE DEPARTMENT OF I		
1_		00355	DIVISION OF VITAL RECORDS, 3		IMORE, MARYLAND 21201	0001.0
O (No)	L			ERTIFICATE OF DEATH		00353
(毛) 分(病人)		CEASED-NAME First	Middle	Lost	2a. DATE OF DEATH Month Dov	Year - HOUR
te and the state of the state o		Sister	Mary Inez Fleury		Jan. 24. 1968	9:35 A M
after the full ges I after	3 5		4. RACE	S DATE OF BIRTH	6, AGE (In years lost birthday) 88 YRS	HE UNDER YEAR OF UNDER 24 HRS MONTHS OAYS HOURS M.N.
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led appe	10	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTI		Baltimore Co	12b. KIND OF BUSINESS OR
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con con nove	<u></u>	ATHER'S NAME First	Middle Baltimore C	Is. MOTHER'S MAIDEN NAME F	- 100 Academy R	Lost
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ifico nysic al, o	1	es, og, or unknown) (If yes give w	219-54-3300	JI Mount de Sa	les 700 Academy R	
cert There		18. CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), and (c),)		-	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
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t the the sit to		Canditions, if ony, which gave rise to immediate couse (a),	(b)			
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ysici ysici ned riol-	L	last.	(c)			
sig bur phu	Ш	PART 2. OTHER SIGNIFICANT COM	DITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE OR C	CONDITION GIVEN IN PART 1(0)	
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or o	ER	210 ACCIDENT WAS UNDERLYIN	IG 216 TIME OF INJURY		r nature of injury in Part 1 or Part 2, It	em 18.}
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NG V the er the	Н	22a certify that (1) (th	is hospital) attended the deceased	from NOWRMBON 19 6	57 to face 24 196	that (I) (we) last
d by		saw the deceased o	is hospital) attended the deceased live an fact 24 19	ond that in (my) (our) opi	inian death occurred on the dat	e and hour and from the
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OR ATTENDING be retained by the NRECTOR: After the a 3 should be de ed with the Stote		22b. SIGNATURE	o legante 1	1) DEGREE PHYS	MED STAFF 224. D.	ATE SIGNED/ 24/68
AL D		22d. PHYSICIAN'S		22e. ADDRESS	7	/ - 0
TO HOSPITAL Poge 4 mby TO FUNERAL I director, pag sllouid e fill		NAME (Type) Da	rio A. Ugarte M. D.	5550 Balti	more Pike Catonsv	ille, Md, 21228
FUN PORT	23a	BURIAL, CREMATION, 23b.		METERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
5 5 5 2 V	L			e Sales Cemetery	Catonsville, Bal	timore Co. Md.
VR A15 (4)	24	FUNERAL DIRECTOR	ADDRESS COTO		RY REGISTRAR 25b. REGISTRAR S S	SIGNATURE Judge
30M REV 1768	1.0	resul y july	conscipe of the care	nsville, Md DATE JA	NZ H IJOO A	10

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MAKTLAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00354 00352 CERTIFICATE OF DEATH Middle 20 DATE OF DEATH DECEASED NAME (Type or print) Month flemino otherine anuaru 6. AGE (In years last buthday) IF JINDER I YEAR 3 SEX 4 RACE 5. DATE OF BIRTH DAYS MONTHS HOURS pr 23 Female burial, cremation, ar removal, and in any event, within 72 hours 7o. BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED MEVER MARRIED Baltimore country) DIVORCED [enna WIDOWED 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during most altwarking life, even if retired.) INDUSTRY give street address? remave carban lowson campletely 13e STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before requires that the death certificate be executed 13b. COUNTY 2621 Balto 15 MOTHER'S MAIDEN NAME First and (14 FATHER'S NAME M. ddle Last Martin lahan Hennessey 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, anurknawn) Vone Vorman 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b)) and (c).) PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE Conditions, if any, which gave) signed by the burial-transit ase to immediate cause (a) DUE TO, OR AS A GONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) has been s se as the b th prior to b 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 79a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO YES 🗀 director, page 3 shauld be detached far use shauld be tiled with the State Dept. at Health Page 4 may be retained by the haspital ar DENDERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter hature of injury in Port 1 or Port 2, Item 18) 216 TIME OF INJURY OR CONTRIBUTING CHEAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME-TARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d, INJURY OCCURRED City or Town County Stote While While at work L at wark 22a. I certify that (1) (this haspital) attended the deceased from 1900, ta 000, ta 1900, that (1) (we) last saw the deceased alive an 1900 and from the saw the deceased alive an causes stated above, (i) (we) (did) (did not) view the body after death. 22c DATE SYGNED 226 SIGNATURE ATTENDING STAFF PHYS DEGREE PHYS DIRECTOR 22e ADDREAS PHYSICIAN'S NAME (Type) 23a. BURIAL CREMAT ON, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) ecretary. Good ounc 2Sb. REGISTRAR S SIGNATUR FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68 DATE



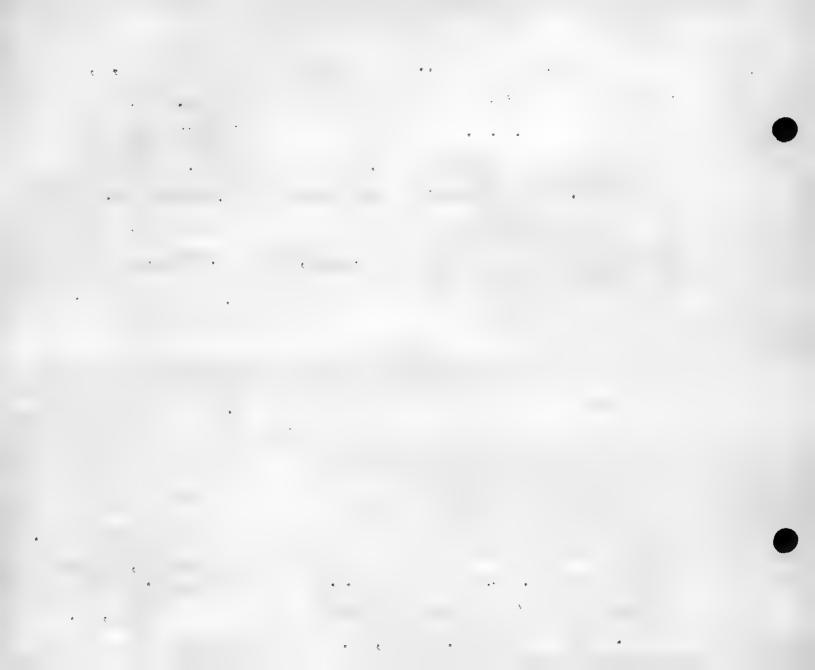
CITY OR TOWN 16 JUNES COPPORTS Limits where RURAL and give presents limits CLEONSYLLLE d. MARKE OF HOSPITAL OR INSTITUTION IN roo in houghles, give itself address! JUL IT TUTSING LOTTE AMERICA THE BREAKED JUL IT TUTSING LOTTE AMERICA AMERICA FORCEASED JUL IT TUTSING LOTTE AMERICA AMERICA AMERICA AMERICA FORCEASED JUL IT TUTSING LOTTE AMERICA AMERIC		PLACE OF DEATH COUNTY Altirore Maryland	state and and	/here deceased lived, If institution: Resid b. COUNTY	ence before admi
d. NAME OF HOSPITAL OR INSTITUTION IT not in bospite, give street address J. I. IT FUTCH INDICE SAME OF DECRASED (Type error) AND FOLCE AS DECRASED (Type error) (Type error) AND FOLCE AS DECRASED (Type error) (T	h	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		de corporate limits, write RURAL and giv	re neerest town)
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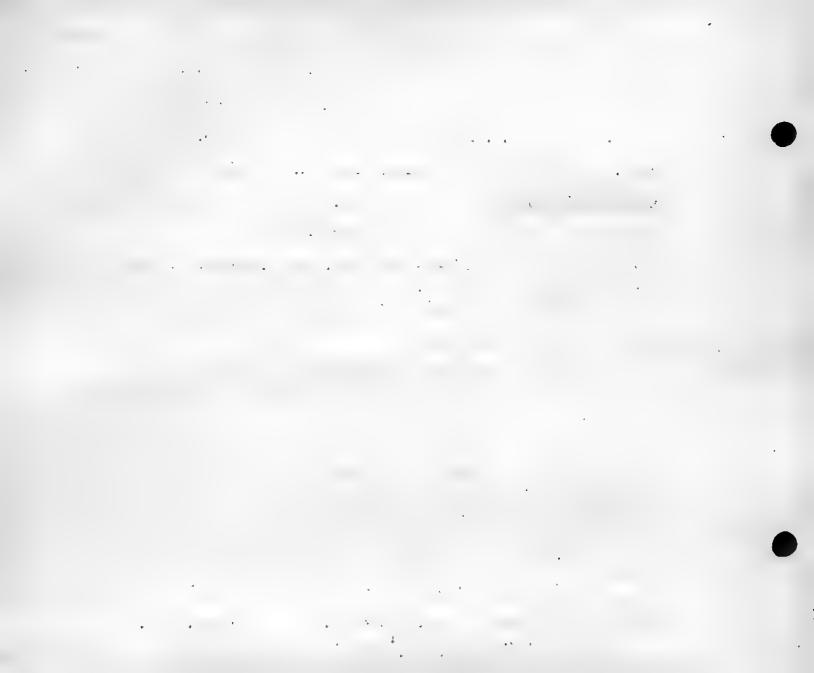


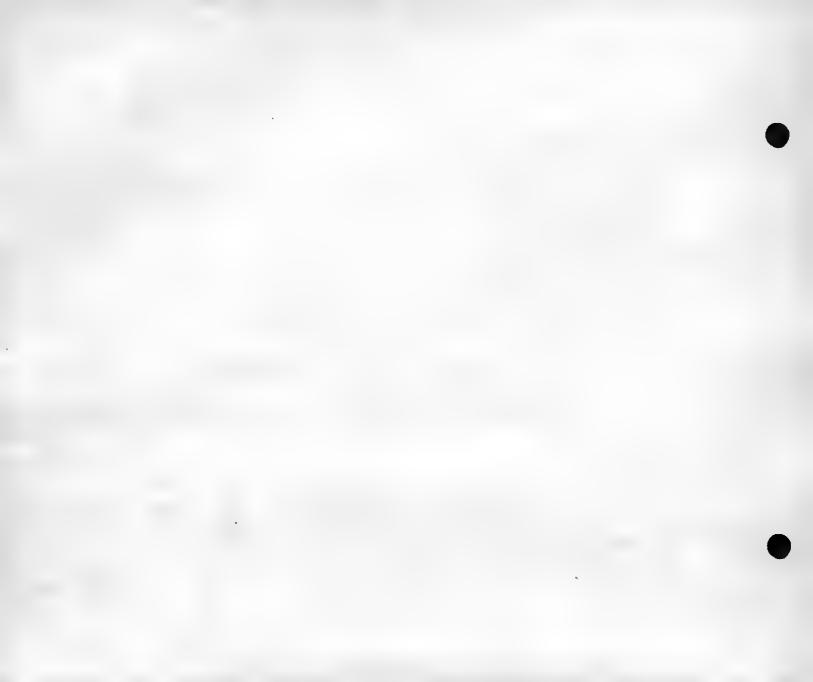
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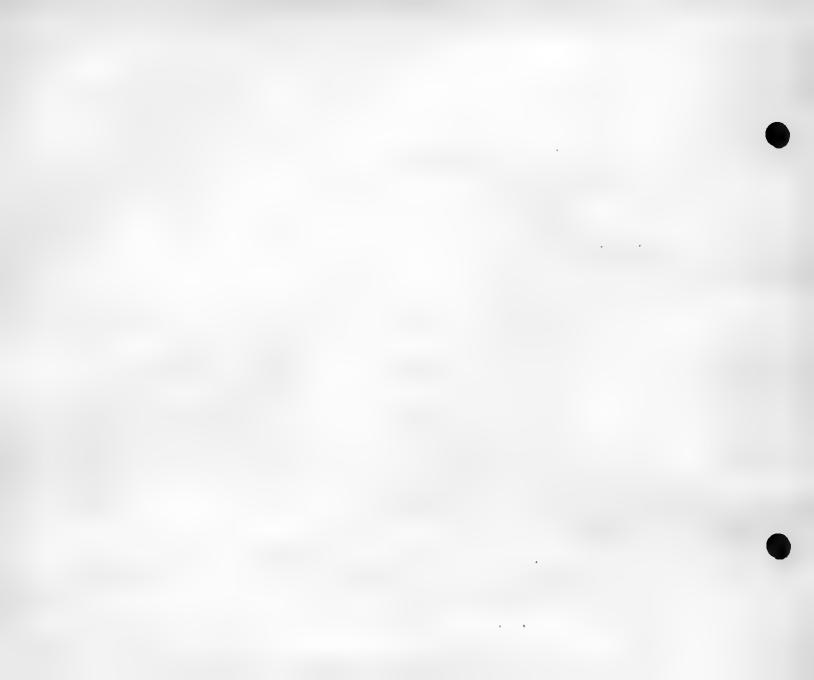


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VR (4 15 16) 30M (REV) / 168		WITZJ	г. "	4101 Editorio	ison Ave.	DATE AN	5 1968 your		gr.
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00380 00358CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY b. COUNTY Baltimore MARYLAND ltimne b CITY OR TOWN (If autside carparate limits, write RURAL and give mearest tawn) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENC ON A FARM House-in-the-Pines Mursing inden NO V and in any event, within The law requires that the death certificate be executed within 3 NAME OF DATE remaye carban Month DECEASED (Type or print) Francis anuaru DEATH S SEX AGE (In years IF UNDER : YEAR 6 COLOR OR RACE IF UNDER 24 HRS. DATE OF BIRTH NEVER MARRIED last_birthdoy) Male White December 30 WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT physician o COUNTRY? Harviland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval, John Charles Francis Ida Moroan 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give war at dates af service 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital ar attending physician. DUF TO Canditions, if any, which gave rise ta immediate cause (a), DUE TO stoting the underlying couse erached far use as the Dept, of Health priar ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO certificate 20g ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Day, Year (City or town) (County) (State) TO FUNERAL DIRECTOR: After this factory, street, office bldg, etc.) Hour To.m. Not While at wark L at work 21. I certify that (I) (this hospital) attended the deceased from 12-29 1967, to /- 1-1968, that (1) (m) last director, page 3 should should be filed with the saw the deceased olive on 19 68, and that death accurred at 13 19 M, from causes and on the date stated above. 22a SIGNATURE 22b DATE SIGNED M.D DIRECTOR ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL, CREMATION 23b. DATE THEREOF REMOVAL (Specify) Reisterstown Methodist 24 FUNERAL DIRECTOR VR A15 (4 25M 1/67



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00361 CERTIFICATE OF DEATH 00359 2b. HOUR D DECEASED-NAME Middle 20. DATE OF DEATH requires that the death certificate be executed within 24 hours after death (Type or print) LOUISE SEWALL FRANTZ A PACE S. DATE OF BIRTH F INDER 1 YEAR 6 AGE (In years last birthday) Caucasian May 2, 1895 Female 7b, CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH B. MARRIED MEVER MARRIED XX (country) Maryland U. S. A. WIDOWED | DIVORCED | Baltimore ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired)
Reg. Nurse Lutherville give street address; 212 W. Seminary Ave.

130 USUAL RESIDENCE (Where deceosed tweet, if institution Residence before 13c. CITY OR TOWN **INDUSTRY** Hospital for use as the buriol-transit permit. Then please remove carb Heolth prior to burial, cremation, or removol, ond in any event, 13d SINSIDE CITY LUMITS? 13e. STREET AND NUMBER 13b. COUNTY Baltimore Lutherville 212 W. Seminary Ave 14. FATHER'S NAME First Lost 15. MOTHER'S MAIDEN NAME First John Pinkney Frantz Louisa Denmead 166 SOCIAL SECURITY NO 17 INFORMANT 10 Dowling Circle 220-30-1450A John P. Frantz, 111, Baltimore, Md. 21234 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))
PART I. DEATH WAS CAUSED BY: Cerebral Vascular Accident BETWEEN ONSET AND GEATH 1 hour IMMEDIATE CAUSE (o) over 6 vears DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) Generalized and cerebral arteriosclerosis nse to immediate cause (a), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NOXIXIX YES 🖂 director, page 3 should be detached for use should be filed with the State Dept. of Health 21a, ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 3 or Part 2, Item 18.) 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Not while of work 22a. I certify that (I) (this haspital) attended the deceased fram March , 1962 , to January , 1968 , that (I) (we) last saw the deceased alive several weeks ago, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR January 29, 1968 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Walter T. Kees.M. D. Cockeysville, Maryland 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230. BURIAL CREMATION. (County) B SEMQVAL (Specify) Jan. 31, 1968 St. James, My Lady Manor Baltimore Co., Maryland 24 FUNERAL DIRECTOR
Will. Cook-Brooks Towson, 1050 York Road
DATE F-B 2Sq. REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE (Milanles Judg

MARYLAND STATE DEPARTMENT OF HEALTH



2		k	MARYLAND STATE DEPARTMENT OF HEALTH	
	1		00362 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	·		CERTIFICATE OF DEATH	00360
	E WE		DECEASED-NAME First Middle Lost 2a. DATE OF DEATH	2b. HOUR
	te de de	1 '	(Type or pant) Clara Bell Freeman January 2 19	168 9 P. M
	Tuner de	3. 5	SEX S AGE (In years FUND)	DER 1 YEAR OF JHIDER 24 HRS.
	haurs after 1 by the Tu s. Pages 1 haurs after	П	F W 4/19/1876 lost birthday) YRS. MONTHS	S DAYS MOURS MIN.
	by Pours		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARPHED 7 MEYER MARPHED 7 P COUNTY OF DEATH	
	.= =	COL	Telinois U.S.A. WIDOWED IN DIVORCED Baltimore 12	Md
	filled pape thin 72	10.	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCC. PATION (Kind of work done 17b	KIND OF BUSINESS OR
	ond completely filemane carban filemane carban filemane with with	L	Baltimore 12 give street address) Armaçost Nursing Home Homemaker INC	Own Home
	ed v	130	to. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	
	com com	50,	mission) STATE NO 136 COUNTY - 1/ Balto, YES NO 202 Cedarcroft	Road
	and and remin any		FATHER'S NAME First Middle Lost 35. MOTHER'S MAIDEN NAME First Middle	lost
	n an an ase red in a din a		Henry Isaacs Virginia	Hayden
	physician o physician o ien please ioval, and ir		60 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, ng. ar unknown) (If yes give war or dottes of service) 16b. SOCIAL SECURITY NO. 17 INFORMANY Address	
	phy en ovol		No Mrs. Joseph S. Whittington (Same	APPROXIMATE INTERVAL
	ne death certific attending phys permit. Then p ion, ar removal,		18. CAUSE OF DEATH (Enter any one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
	leat end mit.		IMMEDIATE CAUSE (o) A LITE CUEST. THE SAME TOSSES	24 Kero
	ne c per ion,		DUE TO, OR AS A CONSEQUENCE OF	24
	at the the nsit p		rise to immediate cause (o). (b) Mineralized asherioseliroser	dot y.
	equires tha physician. signed by burial-tran burial, cren		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
	Jires Jires Jires Irial		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
	requestion of the state of the		3300	
	law re nding been s the iar ta	NO.	190, DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 200, AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDE	RED IN CERTIFYING
	he le las le as	CERTIFICATION	YES NO CAUSES OF DEATH?	
	ar a			8)
	CIAN if it of it if it of it is it i	MEDICAL	G CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 19 P.M. 19	
	YSII asp cert thed pt. a	MED		inty State
	PH he h this eta	П	While Not while at work of work	
	ING by ther ter be d	н	22a. I certify that (1) (this hospital) attended the deceased from Mean 7, 1950, to face 2, 1968	, that (l) (we) last
	ed hed he S		saw the deceased alive on	d havr and fram the
	Togeth the state of the state o		22b. SIGNATURE 22c. DATE, SI	IGNED
	REC 3 3 3 4 dwy	Т	Frederick Wallines MA DEGREE PHYS DIRECTOR DIREC	w 2 10/2
	AL OR Iy be L DIR age 3 filed	1	22d. PHYSICIAN'S 22e. ADDRESS	7740
	TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhould be filed with the State Dept. af Health priar ta burial, crea		NAME (Type) Dr. Frederick J. Vollmer 6100 York Road	
	HOS UNICOULC	23	3g. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Cou	unty) (State)
	5 5 5 F F F F	B	Burial Jan 1 1968 Arlington Drexel Hill	Pa.
	VR A15 (4)		4 FUNERA DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNA'	
	30M REV. 1/68		H. W. Jenkins & Sons Co. 4905 York Road 21212 DATELAN & 1968 Icharles	Judge



FOR CTATE	10363 DIVISION OF VITAL RECORDS, 301 W. PRESION STREET, BALLIMORE, MAKYLAND 21201	00361
FOR STATE	MEDICAL EXAMINER 3 CERTIFICATE OF DEATH	
HEALTH DEPT.	(Type of Print) Transports Asserts Towns of Transports (Transports of Transports of Tr	Also
ny deloy 15 2, ond 3 to n - PM3. Poge	3 SEX 4 RACE S. DAYE OF BIRTH 6 AGE (In years I IF UNDER 1 TEAR IF UNDER 24 HRS 7C DATE PRONOUNCED DEAD	ry 22 68/25
deloy ond 3 A3. Pog	lest pirthday) MONTHS DAYS HOURS Min Month Day	Year COST
P. P.	Female White Sept. 23, 1907 60 vRs January 22, 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	19 68 X SA
P. S. 1, 2, ny	(Quntry) as	
se de de		b. KIND OF BUSINESS OR
offer death	ove street address) during most of working life even if retired). IN	Dairy Store
Grve ong h th	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY JAMES? 13e. STREET AND NUMBER	Lairy Store
s offer 18. Gn dlang with a	odmission) STATE Marylandia COUNTY Faltimore Essex YES NO K 1008 Essex Av	e.
I hours offer death ltem 18. Give Pages 1, Office along with form land 2 with the State De after death.	14 FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Last
24 h in Ité r's O r's O r's of	John T. Jones Anna M. Gigrist	
hin 24 ncil in niner's pages hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
9 within 24 in pencil in Examiner's Examiner's File pages 7.72 hours	(Yes. Fig. or unknown) (If yes give war or dates of service) 213 28 9101 Francis Jones Same	
de in	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ould be executed word "pending" in the Chief Medical E. iol-transit permit. F only event within	PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) 17-5-C-V- Delace	
exe endi Me Me	4/29 DUE TO, OR AS A CONSEQUENCE OF	
be "p" "p" dinsi	(b) (b)	
should e word the Cl ourial-tr	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
sh out	last. (c)	
nis certificate shate, writing the vector forwarded ta to be used as a bur removal, and in	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
rifico nting order d os 'ol, c	3 Y A 3 1	Too HITODOWS
This certificate cote, writing the be forworded to be used os a lir removal, and	190. DATE OF OPERATION 19b CONIN.ON FOR WHICH OPERATION WAS PERFORMED? 21a EXTERNAL CAUSE WAS 21b TIME OF IN. JRY Month, Down Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	20 AUTOPSY?
_ e e e _	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Dog Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	YES NO
		· D. J
NER: e certif should files. 3 shoull ation,	PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home form, street, 21f LOCATION Street or R.F.D. No City or Town	County State
	WHILE NOT WHILE AT WORK AT WORK AT WORK	casiny state
	22a. I certify that I taak charge of the remains described above, held an Autopsy I Inspection Inquiry	and in my apinia
ICAL E executor. Poped for CTOR: 6	death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner	
pleose pleose I directo retoined L DIREC	CHIEF MEDICAL EXAM NER	/ .
Jry pleose ry, pleose erol direct be retoin RAL DIRE	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 226 DATESIS	NED //
Sary Sary Sary TERA	EXAMINER'S DEPUTY MEDICAL EXAMINER	73/00
necessary, pleose er the funerol director. 5 may be retained for Funeral DIRECTOR. Health prior to buy	NAME (Type) Melvin B. Davis, M. D. 6800 Mornington Street Duradel kupiy Md. 21222	
5 ± 5 5 ±	07H0V/H (\$ (\$ \)	aunty) (State)
1	Burial (Spec ty) 1/26/68 Holy Redeemer Cemetery Baltimore, Md.	
X.	24 FUNERAL DIRECTOR 250. REC'D BY REG STRAR 250. REGISTRARS SIG	SNATURE CALLES
VR A15ME (5) 7 10M REV 1/68	Bruzdzinski Funeral Home 1407 Eastern Ave. DATE JAN 24 1988	Con The Control

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00364 00362 CERTIFICATE OF DEATH 1. DECEASED-NAME Last 2a. DATE OF DEATH 2b. HOUR he law requires that the deoth certificate be executed within 24 hours after death (Type or print) Elizabeth S. Fritschman Month 7 Day 7989r Jan. signed by the ottending physician and completely filled in by the fur burial-transit permit. Then please remove carbon papers. Pages 1 burial, cremation, or mmoval, and in any event, within 72 hours after 6 AGE (In years last eighthday) 3. SEX 4. RACE 5 DATE OF BIRTH IF LINDER I YEAR Aug. 21,1889 Cauc. 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED countryPhiladelphia U.S.A. Baltimore WIDOWED X DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (find in hospital give street address) 7505 Far HillsDr. | 120 JSJAL OCCUPATION (Kind of work dane during most of working hie, even if retired) Housewife 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (finot in hospital 126 KIND OF BUSINESS OR INDUSTRY Towson Home 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? admission) STATE 13b. COUNTY Balto. Towson NO X 7505 Far Hills Dr. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Middle Andrew Smith Isabelle McPhillimy 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, never unknown) (If yes give wor ar dates of sarvice) 16b. SOCIAL SECURITY NO 17 INFORMANT 196-28-1882 Miss Irma M. Fritschman, Same as # 13 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CERES 624 BETWEEN ONSET AND DEATH VASCULAR ACCIDENT CEREBRO MINUTES DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) (b) CEREBRAL APPERIUSC LEROSIS rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse! Page 4 may be retained by the haspital or att=nding physician.

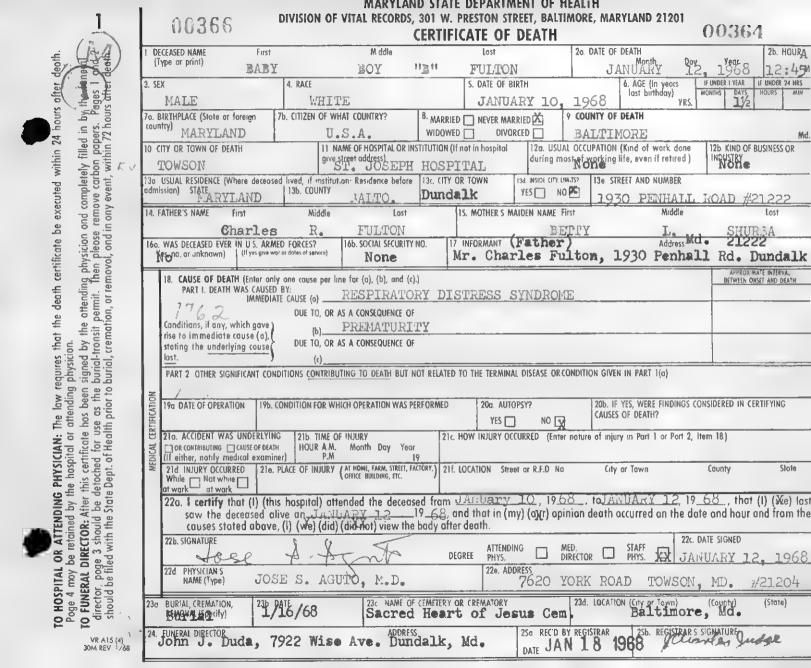
• FUNERAL DIRECTOR: After this certificate has been signed by PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CARCINOMATOSIS, PRIMARY SOURCE UNKNOWN be detached for use as the 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 19a DATE OF OPERATION 20o AUTOPSY? CAUSES OF DEATH? YES 🖂 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. P.M. Manth Day Year 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21F LOCATION Street or R.F.D. No. City of Tawn County While Nat while at work 220. I certify that (1) this hospitol) attended the deceased from 3, 19,64, to 10, 19,68, that (1) (we) lost saw the deceased alive on 1, 19,68, and that in (my) (our) opinion death occurred on the date and have and from the causes stated above, (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE ATTENDING PHYS. MED DIRECTOR 22e. ADDRESS 25 W. Penna. Ave. Towson, Md. 21204 22d. PHYSICIAN S NAME (Type) Donald L. Somerfille, M.D. 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b DATE (County) (State) Penna. REMOVALE SECTION) Jan.13, 1968 Arlington Cemetery Drexel Hill 1968 Williams Signature Judge Wm. Cook-Brooks Towson, 1050 York Rd., Towson, Mdoale JAN 15 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06365 00363 CERTIFICATE OF DEATH DECEASED-NAME Middle First Lost 2a. DATE OF DEATH 2b. HOUR The law requires that the death certificate be executed within 24 hours after death. deoil and campletely filled in by the funeral remave carbon papers. Pages 1 and (Type or print) Month Yeor 5 n se 4 RACE SEX IF LINDER . YEAR 6. AGE (In years IF UNDER 24 HRS directar, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages T Thould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours offer last birthdoy) MONTHS 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country) Md. Baltimore WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) the attending physician and compressive set one carbon sit permit. Then please remaye carbon site INDUSTRY Ba Himore Spring Grove Hospitals Clerk 13a USUAL RESIDENCE (Where deceased lived, if institut on Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 135. COUNTY Maryland Baltunare 6222 14. FATHER'S NAME IS. MOTHER S MAIDEN NAME First Middle First Middle Lost Josephine Schmaing John A. Fritzges 17. INFORMANT Address Address Park Rd. (28 16b SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one cause per line-for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave) nse to immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) Page 4 may be retained by the haspital ar attending this certificate has been hypertensive 20000 190. DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES X NO -NOW 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY
OR CONTRIBUTING CAUSE OF DEATH NO. HOUR A.M. Manth 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) (It either, natify medical examiner) 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Mat while FUNERAL DIRECTOR: After 19 68, to 22a. I certify that (1) (this hospital) attended the deceased from 1/8 sow the deceased dive on 1968, and that in my (our) opinion death occurred on the date and hour and from the causes stated abave (I) (we) (aid not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED STAFF DEGREE DIRECTOR 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) 23a BUR AL, CREMATION. 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) Burial (Specify) Balto.. Lake View Cem. Md. 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Directors, 4101 Edmondson Ave., Balto., Md. 21229 DATE JAN





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9		00367	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	
(1)		(7000)		CERTIFICATE OF DEATH		00365
- (TXI)		CEASED NAME First	Middle	Lost	20 DATE OF DEATH	2b HOUR
\$ \$2 \$ \$	-{	ype or print)	mes B	GARWATT	Andrea Month Don	L 1891 C M
	3. S	×	4. RACE	5. DATE OF BIRTH	6 AGV (n years	IF UNDER TYEAR OF JINDER 24 HRS
# 324		200 1/2	1 411/ 4 -	10-17-	101 a lost birthdoy)	MONTHS DAYS HOURS MIN
by the Page	70	BIRTHPLACE (Stote or foreign	76 CITIZEN OF WHAT COUNTRY?	The second secon	9. COUNTY OF DEATH	
n hou	con	pt/)	U.S.a	8 MARRIED NEVER MARRIED	7. COUNTY OF DEATH	
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witi bor wi		atonsville	House In V.	ne - Catonsu//0		Mellroad
ed cort	13¢	USUAL RESIDENCE (Where deceases ssion) STATE	ed lived if institution. Residence before			/ /
om owe	- Curi	md	13 KITO	YES	NO 2008 Hille	rest ave
o pro can y	14.	ATHER'S NAME First	Middle Lost	IS MOTHER'S MAIDEN NAME	First Middle	lost
icate be executed within 24 horspream ond completely filled in please remove corban papers. It, and in any event, within 72 h				Thack	2	Thacker
are eos	160	WAS DECEASED EVER IN U.S. ARM es, no_or unknown) (II yes give w	IED FORCES? 16b. SOCIAL SECURITY	NO 17. INFORMANT	Address	/
The law requires that the death certificate be executed within 24 hours after death oftending physicion. hos been signed by the attending physician and completely filled in by the funecal ise os the burial-transit permit. Then please remove corbon papers. Pages 1 death prior to burial, cremation, or removal, and in any event, within 72 hours often death		es, no, or unknown) (II yes give w	CL OL DOIGZ DA ZELAKOÎ	Ruth Sta	rahler 6/07	Windsor Mill Rd
te death certific attending phys permit. Then p		IB. CAUSE OF DEATH (Enter on	y one couse per line for (a), (b), and ().)		APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
ath it din r re		PART I. DEATH WAS CAUSEI IMMEDIA	BY.	is Donners		1200
ne death aftendi permit. ion, or r		611) J	DUE TO, OR AS A CONSEQUENCE O		2117	
it the a the a sit pe		Conditions, if any which gove	(b) Cho, my			530
y # V		rise to immediate couse (a) (DUE TO, OR AS A CONSEQUENCE O			
d b rt.		stoting the underlying couse	is a languagement	landing C-V. 25 Proc	401	1050
OR ATENDING PHYSICIAN: The law requires that the be retained by the hospital or oftending physicion. SIRECTOR: After this certificate has been signed by the Brould be detached for use as the burial-transit ed with the State Dept. of Health prior to burial, cremative.			IDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OF	CONDITION CIVEN IN PART I(a)	
red g pl	ш		DITIONS CONTRIDUTING TO VERILI BUT	NOT RECEIVED TO THE TERMINAL DISEASE OF	COMPANDIC STREET IN TAKE I (O)	
din din	8	190, DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION WAS F	ERFORMED 20g. AUTOPSY?	20b IF YES, WERE FINDINGS O	ONCIDEDED IN CEDTIEVING
The law rottending hos been se os the h prior to	CERTIFICATION	170. DATE OF OPERATION 170	CONDITION FOR WHICH OPERATION WAS I		CALIFER OF DEATING	CONSIDERED IN CERTIFISMS
E p e se #		210. ACCIDENT WAS UNDERLYIN	C. LOUI TIME OF INTURY	YES NO		1. 202
ATTENDING PHYSICIAN: etained by the hospiral or CTOR: After this certificate should be detached for until the State Dept. of Health		OR CONTR BUTING CAUSE OF DEAT	H HOUR A.M. Month Dov Yes		ter noture of injury in Port 1 or Port 2	Item (8.)
Spirit and a spiri	MEDICAL	(If either, notify medical exami-	ner) P.M.	19		
G PHYSIC the hospi this certi detoched ie Dept. of	*	21d INJURY OCCURRED 21e White Not while	PLACE OF INJURY (AT HOME FARM, STREET, I OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATION Street or R.F.D. N	lo. City or Town	County State
G PH) the h	П	of work — of work —				
IDING d by th After d be d		22a. I certify that (1) (th	is hospital) attended the decea	sed from 8-22, 19	67, 10 1-13- , 19	that (I) (We) last
EN Edd As A Page of the Page o		saw the deceased a	(i) (we) (did) (did nat) view the	1968, and that in (my) (dox) a	sinion deoth occurred an the de	ate and hour and from the
ATTENI etained CTOR: A should	Н	22b. SIGNATURE	, (i) (ve) (ala liai) view in	s body after death.	27:	DATE SIGNED
OR O	1	78) V.	9 8/2000 Daris	DEGREE PHYS	MED. STAFF PHYS. D	15-18
		22d PHYSICIAN'S	facility of 1000	22e, ADDRESS	DIRECTOR — PIIIS — 7	79 00
RAIL Po	Н	NAME (Type) DE / Ser	erKiGallage	12 6209. Free	brick aw. Balt. 3	mass ma.
Poge 4 may be retained by the hospital or ottending In IUNERAL DIRECTOR: After this certificate hos been director, poge 3 should be detoched for use os the should be filed with the State Dept. of Health prior to	220	BURIAL CREMATION, 23b.	DATE 23, NAME O	F CEMETERY OR CREMATORY	23d. LOCATION (City, or Town)	, (County) (Stote)
H B B B B	230	REMOVAL (Spec by)		Livet Comptery	Balto M	(commit) (since)
= = (V)/	24	FUNERAL DIRECTOR	ADDRES		BY REGISTRAR 256 REGISTRAR'S	S SIGNATURE &
VR A (4) 4 30M REV 1/68	1	Ellsworth AR	macast-111m/16	Para A	1 17 1968 Julia	red Judges
		-11300KIN 11	111110031 - 4600 41	DAIL		



MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 36368 CERTIFICATE OF DEATH 00366 DECEASED NAME First Middle Last (Greer) 20. DATE OF DEATH after death 2b. HOUR (Type or print) 0:10. Month Jack William Gear Jan. 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR lost birthday) male white 1907 MONTHS DAYS 60 YRS requires that the death certificate be executed within 24 haurs 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED ["] NEVER MARRIED [24] signed by the attending physician and completely filled if burial-transit permit. Then please remave carban papers burial, crematian, ar remaval, and in any event, within 72 h Va. U. S. Baltimore WIDOWED [DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address)
SPRING GROVE STATE HOSP. during most of working life, even if retired.) **INDUSTRY** Catonsville 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. HISIOE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY Md. YES NO Balto. 737 W. Balto. St. 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Monroe Greer Florence 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) Records: SPRING CROVE STATE HOSPITAL APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Mitral valvulitis with stenosis and inunk. DUE TO, OR AS A CONSEQUENCE OF Suffciciency, atrial fib. & CHE Canditions, of any, which gave Rheumatic Heart Disease. unk. rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) After this certificate has been be detached far use as the State Dept. af Health prior to 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES TE NO 🔲 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) Page 4 may be retained by the haspital OR CONTRIBUTING CALSE OF OEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 21d INJURY OCCURRED (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21e PLACE OF INJURY City or Town County State While Not while of work 22a. I certify that (x) (this hospital) attended the deceased from Jan. 12 , 1968 , to Jan. 13 , 1968 , that (x) (we) lost saw the deceased alive on Jan. 13 1968, and that in (my) (30) appinion death occurred on the date and hour and from the TO FUNERAL DIRECTOR: After directar, page 3 shauld shauld be filed with the couses stated above, (i) (acad (did not) view the body after death 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. TE DEGREE 1-15-68 PHYS 22d. PHYSICIAN'S 22e ADDRESS SPRING GROVE STATE HOSPITAL NAME (Type) Baltimore, Maryland 21228 230. BURIAL, (REMATION) 23d. LOCATION (City or Town) 23b. DATE NAME OF CEMETERY OR CREMATORY (State) (County) REMOVAL (Specify) BACTIMORE Md. FUNERAL DIRECTOR VR A15 (4) 30M REV 1768 1968

• 2

'	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	4 7 1 4 4
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 003	67
HEALTH DEPT. /	I DECEASED NAME First Middle Lost 20. DATE KNOWN Month Day	Year 2b. HOUR
र दे कि दे	(Type or Print) MAYNARD WILLIAM GERBRICK OF ESTI- DEATH MATED X January	8968 UNK
Pa Pa	3. SEX 4. RACE S DATE OF BIRTH 6. AGE (in years if under 1 year if under 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
Iny delay is 2, and 3 to PM3. Page portment of	Male White August 14,1938 29 YRS MONTHS DAYS MOURS MAIN January 8.	1968 11:45
2, 2, epo	70 BIRTHPLACE (State or fare gn 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED 19. COUNTY OF DEATH	
arm, arm, e. D.	Gunto Maryland USA WIDOWED □ DIVORCED □ Baltimore	M
hours ofter death by delay is litem 18 Give Poges 1, 2, and 3 to Office olang with farm PM3. Page 1 and 2 with the State Deportment of ofter death	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120 USUAL OCCUPATION (Kind of work done 12b KIN	
ofter death 8 Give Poge olang with t with the Stare	Essex give street address) during most of working afe, even if retired INDUSTR	(1)
ofter 8 Giv olang with t	13a. USUAL RES DENCE (Where deceased lived if institut an Residence before 13c CITY OR TOWN 13d MS/DE CTY LIMITS? 13e. STREET AND NUMBER	
s often 18 Gi s olang 2 with death	ddm Marylland 13b. (OWN) 1	e - Apt. (
hours Item 18 Office of lond 2 v	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	East
24 h	William Gerbrick Henrietta	?
hin 24 hours noil in Hem 1 niner's Office pages 1 and 2 hours offer a	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS	
within pencil xomine ile page 72 hou	(Yes, no. or unknown) (If yes give wor or doins of service) 219-26-1418 Mrs. Gail P. Gerbrick (Same)
~	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	LPPROXIMATE INTERVAL TWEEN ONSET AND DEATH
cute dica rmith	PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Gunshot Wound of Head	
Mer pe	DUE TO, OR AS A CONSEQUENCE OF	
be perior	(anditions, if any, which gave)	
ould word he Ch ial-tro	rise to immediate cause (a). stoting the underlying cause (DUE TO, OR AS A CONSEQUENCE OF	
should be e ne word "per o the Chief ! burial-transit	lost. (c)	
is certificate should be executed to, writing the word 'pending' in forwarded to the Chief Medical E e used as a burial-transit permit. Fermovol, and in any event within	PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
This certificate is ficate, writing the be forwarded to do be used as a bor removal, and	z / / ·	
certil verit orwar used movo	196. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED?	AUTOPSY?
0 0 4 0 N	WAS PERFORMED?	YES 🔀 NO 🗌
- 73	19a. Date of operation 19b. Condition for which operation Was performed? 21a EXTERNAL CAUSE WAS PRIMARY PAGE CONTRIBUTING HOURY Month, Day, Year PRIMARY PAGE CONTRIBUTING UNIX P.M. 1/8/ 19 68 Shot self in head 21d NURY OCCURRED 21e PLACE OF N. IRY (At home form street) 21f LOCATION Street or RED. No. (ity or lown) County or lown Co	
VCAL EXAMINER: T e execute the certificator. Page 4 should be ctor. Page 4 should be ned for your files. ECTOR: Page 3 should buriol, cremotion, or	PRIMARY [2] OR CONTRIBUTING UNK P.M. 1/8/ 1968 shot self in head	
JICAL EXAM bleose execute the director. Page 4 etained for your DIRECTOR: Page or to buriol, crem	WHATE NOT WHATE AT WORK AT WORK TO AT WORK T	imore, Md.
please execute director. Page estatined for you DIRECTOR: Pogo or to buriol, critical for the property of the property of the puriol or the puriod or the pu	22a certify that I taak charge of the remains described above, held an Autopsy 🔼 , Inspection 🔲 , Inquiry 🔲 , a	nd in my apiniar
ed to build	death resulted fram: Natural causes, Accident, Suicide X, Hamicide, Undetermined manner	
5 S S S S	CHIEF MED CAL EXAMINER	
2.0	ACTUAL SIGNATURE LILL MICH LA 22b. DATE SIGNED	
	EXAMINER'S Werner W. Spitz, M.D. DEPUTY MED CAL EXAMINER ADDRESS (Street city town or county)	58
O DEPUTY necessory, p the funeral 5 may be re 0 nuneral	NAME (Type) ADDRESS(Street city, town, ar county)	
5 = = v = +	23a BUR AL (REMATION, 23b DATE 23c NAME OF CEMETERY OR (REMATORY) 23d LOCATION (City or Town) (County) (State)
1010	Burtaray 1/12/68. Moreland Memorial Cemetery Baltimore, Md.	
VIA	Leonard J. Ruck, Inc. Balto. Md. 21211: 250 RECT BY REGISTRAR 255. REGISTRAR 5 SIGNATURE DATE: A DATE:	Judan
VR A15ME (5)	Leonard J. Muck, Inc. Balto. Md. 21214	5 0

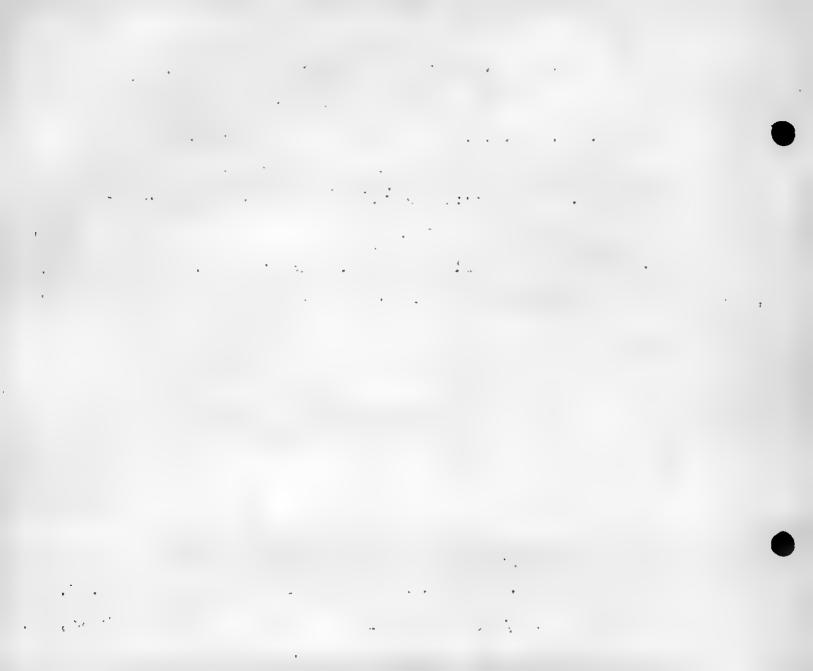
MARTLAND STATE DEPARTMENT OF HEALTH



U_ I	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE			00368
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20 DATE KNOWNE Month D	Doy Year 2b HOJR
5 5 8 4 74 P		BEATRICE WARL GERMAN DEATH MATED Jan	24 1968 3:30/
2, and 3 to PM3. Page	3. 5		Yeor 20 / HOUR
ny del , 2, and n PM3.		emale Caucasian 4 Aug 1899 68 YRS MONTES DAYS MOURS M.N. Magath	1968 14 0 M
- 1 4		BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH No. 1. S.A. WIDOWED DIVORCED Baltimore	
# Soger	10 (CITY OR TOWN OF DEATH 11 NAME OF HOSPITA, OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 11)	2b KIND OF BUSINESS OR
dea with			NDUSTRY
hours ofter de Item 18. Give F Office along w I and 2 with the after deoth.		IISTIAL RESIDENCE (Where deceased lived it institution, Pacificace Defects 13c (ITY OR TOWN 33c INSIDE OF JM 157 13e STREET AND NUMBER	
18.0 18.0 18.0 19.0 19.0 19.0 19.0 19.0 19.0 19.0 19		dmission) STATE Md. 13b (OUNTY Baltimore Dundalk YES NO Dunleer Apts.	18_B
hours ofte Item 18. Gi Office afon I and 2 with after deoth	14 F	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
hin 24 ncl in niner's pages hours	160	Frederick Ward Susan Brenner WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	
		Yes no or unknown) (If yes muse unit or distance)	1222
nts certificate should be executed with the writing the word "pending" in performanded to the Chief Medical Exart is used as a burial-transit permit. File removal, and in any event within 72		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed nding' II Medicol permit.		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) EmphySema	SUR
exe endi Me it pe	1	4/27 DUE TO, OR AS A CONSEQUENCE OF	,
l be l'ip l'ip rans		Conditions, if only, which gave inse to immediate cause (a), (b) 17-5-C-V D15-CAS-C	
should be e ne word "per to the Chief ! buriol-transit		storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
the to the purchase burners		(c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
ing the ded if ded if one		7 - 7 1	
certification orwar	ATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
his (CERTIFICATION	WAS PERFORMED?	YES NO
ICAL EXAMINER: This execute the certificate, for. Page 4 should be food for your files CTOR: Page 3 should be to buriol, cremation, or ren	₩ (E	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b Time Of INJURY Month, Doy, Year 21 HOW MIJURY OCCURRED (Enter notice of injury in Port 1 or Port 2, Item	n 18)
ICAL EXAMINER: execute the cert for. Page 4 should ed for your files CTOR: Page 3 shou	MEDICAL	CAUSE OF DEATH P.M. 19 21d .NJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f, QCATION Street or R.F.D. No. City or Yown	County State
		WHILE AT WORK AT A TO	21016
pepury Jical Exam seesory, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page ealth prior to buriol, crem		22a certify that taak charge of the remains described above, held an Autopsy , Inspection Inquiry ,	and in my apinian
ICAL For. by CTO		death resulted from. Natural causes 14. Accident 1. Suicide 1. Hamicide 1. Undetermined manner 1	1
please ey director.		CHIEF MEDICAL EXAMINER	
JIY DICTOR PRIOR PRIOR PRIOR TO PRIOR TO PRIOR PRIOR TO PRIOR PRIOR TO PRIO		ACTUAL SIGNATURE	SNED
DEPUTY becessory, phe funeral moy be ri FUNERAL		DEPUTY MED CAL EXAMINER DEPUTY MED CAL EXAMINER DADRESS(Street, city, town, or county & Oct 704~	110/68 B
TO DEPUTY necessory, the funero 5 may be 10 FUNERA Health pr	72~	netvin Davis Zundalk.	County) (Stote)
2 2	230	PEMOVAL (Spec (v)	
3	24	FUNERAL DIRECTOR ADDRESS ADD	CMATHDLES
VR A15ME (5)		burial 1-27-68 Oak Lawn Cemetery Baltimore out FUNERAL DIRECTOR ADDRESS ZSo. RECU BY REGISTRAR ZSO. RECU BY REGISTRAR ZSO. RECU BY REGISTRAR ZSO. RECU BY REGISTRAR ZSO. DATE JAN 29 1968	res Judge



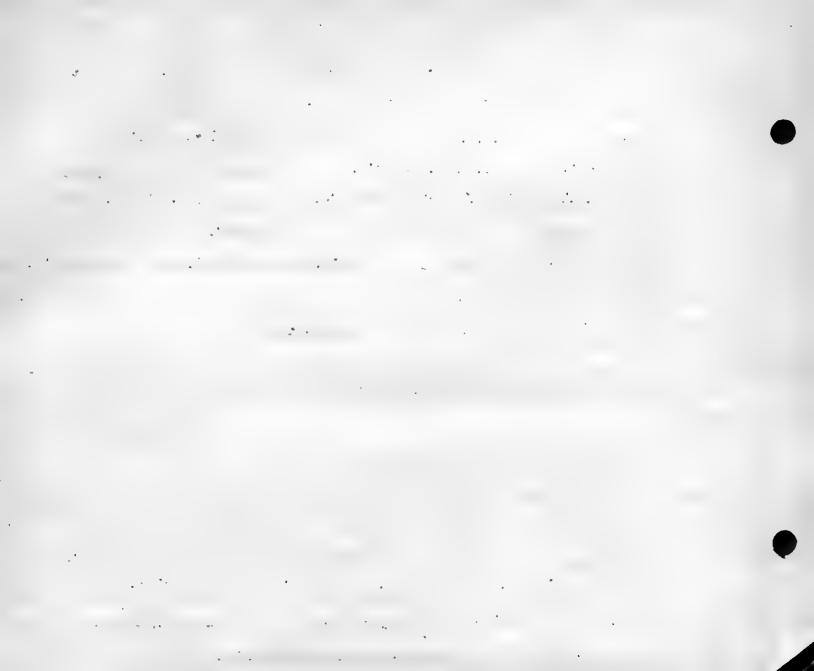
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		06371	DIVISION OF VITAL RECORD		TON STREET, BALT E OF DEATH	IMORE, MAR	/LAND 21201	00369	
11/1	1 DI	CEASED-NAME First	Middle	CENTITICAT	Lost	20. DATE OF D	NC ATU	12	b. HOUR
r dear	(1	ype or print) Alma	Virginia	G	eyer	20. DATE OF E	Month Day	1968	u. nook M
* *	3. SE	X	4. RACE	S. C	DATE OF BIRTH		6. AGE (In years	IF JNDER 1 YEAR IF UND	DER 24 HRS
naurs affer by the re- s. Pages I haurs after	F	emale	White		6-29 1884		lost birthdoy) YRS.	MONTHS OAYS HOUR	D MIN,
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24 haurs led in by t apers. Pay	cour	Balto. Md.	U.S.A.	WIDOWED 🔀	DIVORCED	Balti	more		Md.
equires that the death certificate be executed within 24 ho physician. signed by the attending physician and campletely filled in burial-transit permit. Then please remove carban papers. burial, crematian, or remaval, and in any event, within 72 h	10. 0	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR give street oddress) HOLLY Hil	INSTITUTION (If not in	hospitol 120, USU during m	AL OCCUPATION (Kind of work done fe, even if retired)	126 KIND OF BUSINI INDUSTRY	ESS OR
wirba	130	Stoneleigh	HOLLY HI	1 Manor	VN 13d INSIDE CITY .	memake	EET AND NUMBER		
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exe on)	14. 1	ATHER'S NAME First	Middle Los		THER'S MAIDEN NAME		Middle	Los	
n a se r	L	Elisha		1		Ida	F	Saute	er
sicia Secial	160. Y	WAS DECEASED EVER IN U.S. ARMEI es, μφ. or unknown) (If yes give were	OF BETHS OF MANYERS	YNO. D 17 INFO			Address		
rtife phys		NO	215_05		John Gey	er Jr.	303 Reg	ester Av	
n ce Th Th		18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b), and BY.	(c).) D				BETWEEN ONSET AN	NO DEATH
end mit.		IMMEDIATE	(AUSE (0) HOUTE	DRONC	HO PNEUN	MINOR		5 DA	45
att att ian,		483 X	DUE TO, OR AS A CONSEQUENCE	OF					
the the mat		Conditions, if ony, which gove) rise to immediate couse (o), ((b)						
trar cre		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE	DF					
nires nysic nial- rial,		last.	(t)	NAT DE ATED TA THE	r Trouvel Occupe OD	CONDITION OFFI	IN DART N. I		
requence signature signatu		PAKT 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BU	NOT RELATED TO TH	E TERMINAL DISEASE UK	LUNDITION GIVEN	IN PAKI I(0)		
The law re attending has been se as the h priar ta	\$	190 DATE OF OPERATION 19b. CC	ONDITION FOR WHICH OPERATION WAS	PERFORMED.	20o AUTOPSY?	20h 1F Y	VES WERE EUDINGS O	ONSIDERED IN CERTIFY	ING
tren la	CERTIFICATION	170 DATE OF OVERATION 170. CC	MULIONION THICH OF EXAMON WAS	I ER ORMED	YES T NO	CAUSES	OF DEATH?	DISTORNEO IN CERTIFI	1110
te h te h use alth	CERT	21o. ACCIDENT WAS UNDERLYING	215 TIME OF INJURY	21c HOW I	NJURY OCCURRED (Ente	-	in Port 1 or Port 2.	Item 18)	
SICIAN: The law rec spitol ar attending p ertificate has been s led far use as the b c. of Health priar ta b	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine)	HOUR A.M. Month Doy Yo	or 19	The second second		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1071	
Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhould be filed with the State Dept. of Health priar ta burial, cre	MEE	21d INTURY OCCURRED 21a PI	LACE OF INJURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC.		ION Street or R.F.D No	. City o	or Town	County	Stote
te D te D		While Not while ot work	1 2 1 1 1 1	11 1/2	17. 10.4	٠ - د حسر	4 at 7 2 10	1 P) Ab - 4 //\	to a Nila
DIN Tby Afte be Sto		220. I certify that (1) this	haspital) attended the dece	1968 and th	of in (my) (aur) an	inian death a	coursed on the do	te and haur and	fram the
TEN med wuldd the		causes stated abave,	(L) (we) (did) (did nat) view to	e bady after dea	th.	illian south at		no one moor one	
OR ATTENDING De retained by the State of a should be ded with the State		22b. SIGNATURE	1 22.		ATTENDING -	MED -	STAFF 22c (DATE SIGNED - 25-68	
OR be a DIRI		Larrey D.	July	DEGREE		MED. DIRECTOR	PHYS. U	- 43 - 68	
Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 shauld should be filed with the		22d PHYSICIAN'S NAME (Type)	G. Tilley, M.D.		22e. ADDRESS	Taulor /	Avenue Bal	to Md o	723h
OSP JNE Uld	720	BURIAL, CREMATION, 23b. DA		OF CEMETERY OR CRE			(City or Town)		tote)
Sho dire	230.						esville	1 17	1d.
	24	FUNERAL DIRECTOR	ADDR	ss Krage	Cemetery 25o. RECT		25b. REGISTRAR S		14
VR A15 (4) 30M REV. 1/68			edefeld Home 6		k Rd DATE JA	REGISTRAR 15	18	ruc is h	47
								D7 V	



	1	MIARITAND STATE DEFARITION OF TRALIT	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00370	
	╙	CENTIFICATE OF DEATH	
deoth. neral and 2 death.		CEASED NAME First Middle Last 2a DATE OF DEATH YPO or print) ANTHONY GIRACZAK Constant of Death Month Governor Constant of	
er death		HNINONI GIENCZHR / 6 60 10:45	
ofter deoth	3. SE	lost birthday) Months DAYS HOURS MAN	
			_
hours ofter the first of the fi	7o i	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED KEVER MARRIED 9. COUNTY OF DEATH	
4 B 94	\perp	Maryland United States Widowed Divorced I sail More	Md
if	10. 0	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done give street address) GREATER BALTINGTOWN mast of working life, even "tretired" INDUSTRY WESTERN SET UP MAN ELECTRIC CO	N
ecuted witl completely ove carbor y event, wi		TOWSON: MEDICAL CENTER SET UP MAN PLECIFIC CO	01
pple cart		USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CTY LIMITS? 13e. STREET AND NUMBER (SSIAN) STATE Marky Land 13b. COUNTY Balt (Mark) 13c. CITY UNITS? YES NO (COUNTY Balt (Mark) 13c. COUNTY Balt (Mark) 13c. CITY UNITS? 13c. STREET AND NUMBER (SSIAN) STATE Marky Land 13b. COUNTY Balt (Mark) 13c. CITY UNITS? 13c. STREET AND NUMBER (SSIAN) STATE Marky Land 13b. COUNTY Balt (Mark) 13c. CITY UNITS? 13c. CITY UNITS? 13c. CITY UNITS? 13c. STREET AND NUMBER (SSIAN) STATE Marky Land 13b. COUNTY Balt (Mark) 13c. CITY UNITS? 13c. CITY UNIT	
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	24.	EUNERAL DÎRECTOR A CO. 1 S. C. 114 ADDRESS 250. REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE	-
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00371 CERTIFICATE OF DEATH DECEASED-NAME Middle last 2n. DATE OF DEATH First 2b. HOUR after deoth. 0 0 (Type or print) **JAMES** Manth R. GILLIS 3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years Sost birthday) MONTHS DAYS HOURS burial-tronsit permit. Then please remove corbon popers. Pages burial, cremotion, or removal, ond in ony event, within 72 hours alt 6/10/15 MALE NEGRO requires that the death certificate be executed within 24 hours 7a. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) campletely filled in DIVORCED BALTIMORE COUNTY WIDOWED | VIRGINIA 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 11, NAME OF HOSPITAL OR INSTITUTION (If not in hospital 125 KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY FORT HOWARD MRCHANIC CARACE 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c CITY OR TOWN 13e. STREET AND NUMBER ALT MORE CITY YES 😿 BALITIMORE 2803 W. LANVALE STREET 14 FATHER'S NAME IS, MOTHER'S MAIDEN NAME First First Last Last GILLIS HOWARD WEST ELIZABETH 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Yes, no or unknown) 217 05 45 92 CLIN. RECORDS. VA HOSPITAL, FT HOWARD, MD 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
PRINAT. FATTI BETWEEN ONSET AND DEATH RENAL FAILURE RECENT IMMEDIATE CAUSE (a) . DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) RETROPERITONEAL HEMORRHAGE rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse 4611 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) BILIARY CIRRHOSIS AND BRONCHOPNEUMONIA O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the stabuld be filed with the State Dept. of Health prior to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a, AUTOPSY? CAUSES OF DEATH? YES K NO T 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M (If either, natify medical examiner) (AT HOME FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while of work 22a. I **certify** that **(t)** (this hospital) ottended the deceased from 12/26/67, 19, to 1/17/68, 19, that **(t)** (we) last saw the deceased alive an 1/17/68, 19, and that in **(a)** (our) opinion death accurred an the date and hour and from the causes stated above, (d) (we) (did) (**2022-1003**) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE MED. DIRECTOR 1/18/68 PHYS 22d. PHYSICIAN'S 22a, ADDRESS JOHN D. TALBERT, M. D. NAME (Type) VAH FORT HOWARD, MARYLAND 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 23b. DATE 23d LOCATION (City or Tawn) (County) (State) REMOVAL (Specify)
BURTAL BATTIMORE NATIONAL RATITIMORE MARYLAND FUNERAL DIRECTOR BATTE MORE MD



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00372CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR deof 12 Doy (Type or print) Month VAUGHN CLARENCE GLUCK 2:20PM OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS 3 SEX 6 AGE (In years IF UNDER 1 YEAR last birthdoy) Male Cau. May 30, 1907 60 and completely filled in by the remove carbon papers. Pag nony event, within 72 hours 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED X NEVER MARRIED country) WIDOWED . DIVORCED [7] Baltimore Pennsylvania 10. CITY OR TOWN OF DEATH U.S.A 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired) INDUSTRY Baltimore, Md. Greater Balto, Med. Center Western Electric Co. Inspector 13o USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY JIMITS? 13e STREET AND NUMBER 13b. COUNTY Baltimore Rodgers Forge 84 Dunkirk Road Maryland or removal, and in any 14. FATHER'S NAME IS MOTHERS MAIDEN NAME First Middle Lost Clarence Gluck Naomi Bowers physicion o 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no. or unknown) I (If was give wor or dates of service) 212-09-0827 Mrs. Minerva Pauline Gluck Same APPROXIMATE INTERVAL 3B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND CEATH Malignant lymphoma IMMEDIATE CAUSE (a) cremotion, 0000 DUE TO, OR AS A CONSPOUENCE OF Conditions, if any, which gave) burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse burial, lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(o) be retained by the hospital or ottending detoched for use as me te Dept, of Health prior to TO FUNERAL DIRECTOR: After this certificate has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES 🏋 NO | Yes 21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 23b TIME OF INJURY TOR CONTRIBUTING CAUSE OF CEATH HOUR AM. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21s. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 211. LOCATION Street or R.F.D. No. director, page 3 should be detoche should be filed with the State Dept. City or Town State County While Not while of work 22a. I certify that (i) (this hospital) attended the deceased fram 12/2 ___, 19_6**7**_, to___1/12 sow the deceosed alive an 1/12 __19__68 and that in (my) (our) apinion death accurred on the date and hour and from the causes stated abave. (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. STAFF DIRECTOR Jan. 12, 1968 DEGREE PHYS. 22e, ADD RESS 22d. PHYSICIAN NAME (Type) John E. Adams. M.D. Greater Baltimore Medical Center 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL CREMATION. 23b. DATE (County) (Stote) Burial-Transit 1-16-68 Waynesboro, Pennsylvania GISTRAR 256 REGISTRAR S SIGNATURE Greenhill 24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR VR ATS (4) Mitchell-Wiedefeld Home, Inc. 1968 Miles of Br 30M REV 1/68 6500 York Road R Itimore, Maryland 21212



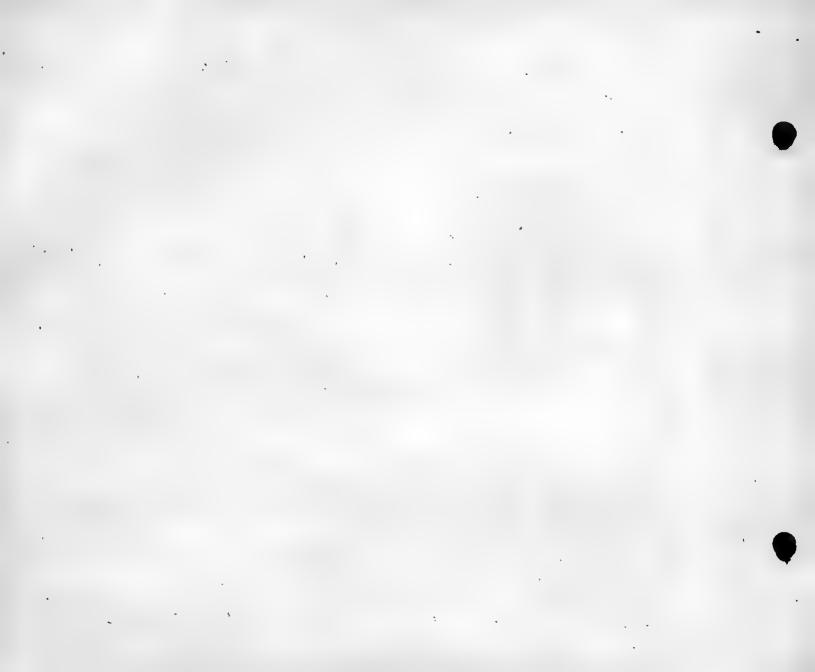
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END ed led lid ble S		saw the deceased alive on(126 couses stoted above, (1) (we) (did) (did not) vie	19 \(\frac{19}{25} \), and that in (my) (\(\text{obs}\)) o	pinion death accurred on the dote and hour and from the
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AL AL O		22d. PHYSICIAN'S	22e ADDRESS	
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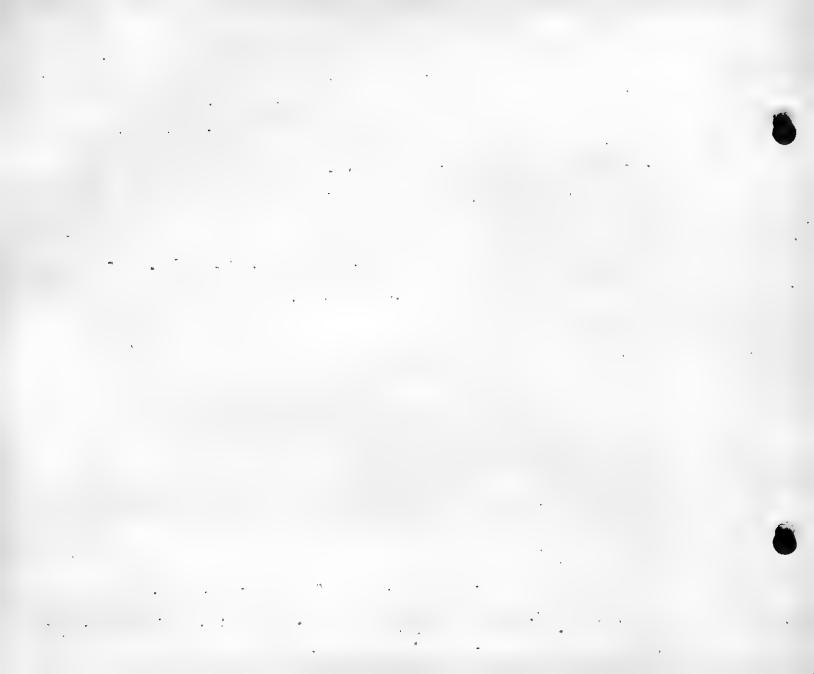
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MARYLAND STATE DEPARTMENT OF HEALTH



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OR ATTEND be retained DIRECTOR: A	the the		causes stated abave	e, (I) (we) (did) (did nat) view the	bady after death.	phinair death accorred on the ac	Jie ond hoor ond ham the
AT SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	£ £		22b SIGNATURE .			22c.	OATE SIGNEO
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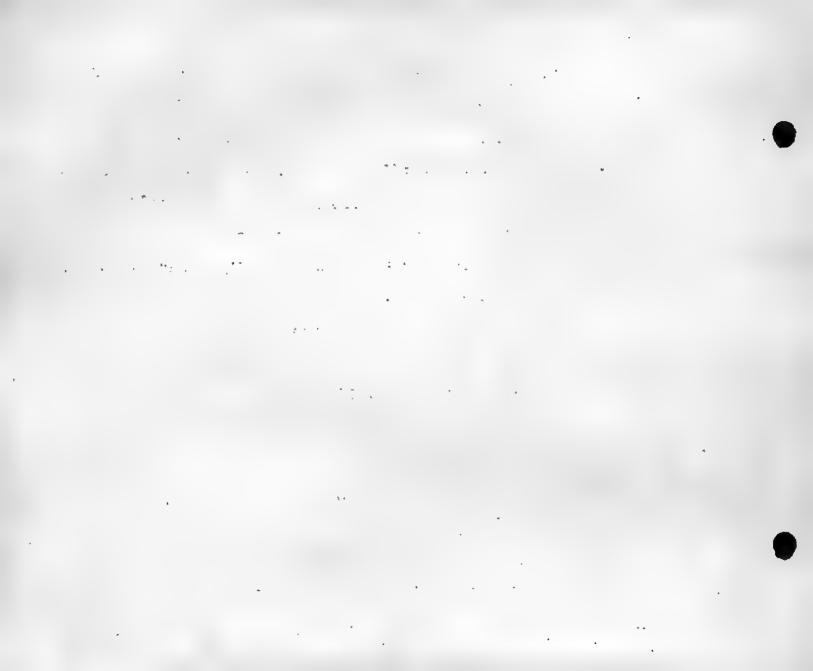
· I	66373 MARYLAND STATE DEPARTMENT OF HEALTH
	tem 4 Film G397 1/25/68 kk CEDITIEICATE OF DEATH
- [1	tem 4 Film G397 1/25/68 kk CERTIFICATE OF DEATH 00377
1.	DECEASED-NAME First Middle Light 20. DATE OF DEATH 26. HOUR
	(Type or pnnt) MAL NMI Gottschalk Month Day Year 3:54
3	SEX 4 RACE White S DATE OF BIRTH 6 ACE (In years FUNDER 14 MISS
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10	CITY OR TOWN OF DEATH 12a. USUA: OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
Á	ANDAIISIOWN DATO, CO. (TEN. HOSD.) (EITKED
13	O SUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 3d INSIDE CITY LIMITS? 13e STREET AND NUMBER, MISSION) STATE 13b COUNTY 7
	MANY AND BALTO. BALTO CO. YES NO 3303 Wild Cherry Kd
14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
L	LEIB GOTTSCHALK JOHANNA
16	a, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes 100 or phynown) [11 yes give war of dates of service] Address 3303
_	NO ALLO CHERRY
	18 CAUSE OF DEATH (Enter analy and cause per line for (o), (b), and (c)) PART 1. DEATH WAS CAUSED BY:
L	MMEDIATE CAUSE (a) _ Cardioc arest; Toxi aly tell to
L	DUE TO, OR AS A CONSEQUENCE OF
Ш	(b) Grane Rt Ug - Clareto Mello Mellitas.
	stating the underlying couse Duc 10, or as a consequence of
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	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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	Tree light works occurred [End Hololo & allol f dt 1 ou 1 ou 1, who to
MEDICAL	[If either, notify medical exominer] P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY / AT HOME FARM, STREET, FACTORY, 21f LOCATION Street or R.F.D. No. City or Town County Stote
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	220 cartify that (1) (this hasnital) attended the deceased from /- 12- 19/28 to /- 12-19/28 that (1) (wa) for
	22a. I certify that (I) (this haspital) attended the deceased from
	causes stated above, (1) (we) (did) (did nat) view the bady after death.
	22b. SIGNATURE 22c DATE SIGNED STAFF 22c DATE SIGNED
	DEGREE PHYS. DIRECTOR PHYS. S 1/18/60
	22d PHYSICIAN'S NAME (Type) Rafaef L. AYRAD MO 22e. ADDRESS Ballings C. Glypnol Horp -
	The first of the same of the s
23	a BURIAL (REMATION, 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (State) REMOVAL (Specify) 1/19/68 Chevra Ahavis Chesso Randalis Town Barro mo
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	squires that the death certificate be ex physician. signed by the attending physician and burial-transit permit. Then please rem burial, crematian, ar remaval, and in an		16a. Y	WAS DECEASED EVER IN U.S. ARMI	D FORCES? 116b SOCIA	L SECURITY NO -20-2093	17. INFORMANT	Mount V	Address /ilson State H	Hospital	
	ng pl			18. CAUSE OF DEATH (Enter only	one cause per line for (a)	(h) and (r))				BETWEEN OUGET INTE	ERYAL D OEATH
	leath rendii mit.			PART I. DEATH WAS CAUSED IMMEDIA	E CAUSE (a)	Co	rcinor	na of	the lung	_	
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	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-traishauld be filed with the State Dept. af Health priar to burial, cre			21d INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME FA	RM, STREET, FACTORY)			City or Town	Caunty	State
	by the fifter the be do State			22a. I certify that (I) (thi saw the deceased al causes stated abave	haspital) attended th	e deceased fra	m /2-/2	1967	to / , , , , , , , , , , , , , , , , , ,	19 <u>6</u> <u>S</u> , that (I) (we) last
4	TENI ined ould the			causes stated above	(I) (we) (did) (did not)	view the body	ofter death.	/) (dur) aparian	deall accorred all file	aute una nubi una i	Tulli lile
	R AT reformant			22b. SIGNATURE	Panal.		DEGREE PHYS.		OR STAFF	C. DATE SIGNED	
	AL OR y be L DIR age 3			22d. PHYSICIAN'S	Minu		22e. ADDI		OR - PHYS	-1/31/68-	
	FPIT/ F ma FERA or, p	8		NAME (Type) Willia	m Newcomer				n, Maryland		
	TO HOSPITAL OR ATTENDING Page 4 may be retained by it of FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State	5	23a.	BURIAL, CREMATION, 23b C REMOVAL (Special) 2//			RY OR CREMATORY		LOCATION (City or Town)	(County) (Sta	
	F F	34	24.	"DUTTAL 2/	3/68 Gr	ADDRESS	r. or B.	250 RECD BY REG	lerton, Fr	EGETICK, I	vid.
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2 . 1	MARYLAND STATE DEPARTMENT OF HEALTH
<i>→</i>	00381 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH
# = 2/# >	i. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR (Type or pnnt) Month Doy Year
8 268	LEVI SHADRICK GRAY JANUARY 2 1968 3:40PM
affer offer so offer less of the contract of t	3. SEX 4 RACE S DATE OF BIRTH 6 AGE (In years 5 Junder 1 YEAR 15 UNDER 24 HRS. GSL Duthday Months DAYS HOURS MIN
\$ 65 s	MALE: NEGRO 0/20/28 39 " YRS.
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requires that the death certificate be executed within 24 hours after physician. I signed by the attending physician and campletely filled in by the further burial-transit permit. Then please remave carban papers. Pages I a burial, cremation, or remaval, and in any event, within 72 haurs after	13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission) STATE 13b. COUNTY 13b. COUNTY 13b. COUNTY 13b. COUNTY 13b. COUNTY 13c. STREET AND NUMBER 13c. ITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. ITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. ITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. ITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. ITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. ITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. ITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. ITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. ITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. ITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. ITY OR TOWN 13d. INSIDE CITY LIMITS? 13c. ITY OR TOWN 13d. IT
exe exe	14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First M.ddle Last
be n at se r d in	JOHN A. GRAY MARY CARTER GRAY
equires that the death certificate by physician. signed by the attending physician burial-transit permit. Then please burial, cremation, or remaval, and i	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes. na. or unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address
phy en gaval	Yes, no, or unknown) (If yes give wor or dates of service) YES WW II 217 20 14 95 CLIN RECORDS, VA HOSP, FT HOWARD, MD APPROXIMATE INTERVAL
ing the ce	10. CAUSE OF DEATH (CITIES ONLY ONE COUSE PER LINE TOR (O), (D), (D), (C), (C)
end mit.	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) TOXIC NEPHRITIS
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t the at t	nse to immediate cause (a), (b)
train	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
ysie gnec irrial	lost 49 (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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ar a	210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
A Paragraph	Grant Country Burling Cause of Death HOUR A.M. Manth Doy Year (If either, natify medical examiner) P.M. 19 2 1 INTURY OF CHREED 21 PLACE OF INTURY CALL HOME, FARM STREET, FACTORY V 211 LOCATION Street or P.E.D. No. (Ather Town) Country States
JING PHYSICIAN: by the haspital or fler this certificate be detached far u State Dept. of Heal	
this this deta	of work and work
by ifter frer be o	22a, certify that (b) (this haspital) attended the deceased from 12/31/0(19 that 2) (we) lost
END sed red uld the 3	saw the deceased alive an 1/2/00 19 , and that in (44%) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (
A TTO I Share the state of the	22b SIGNATURE 22c DATE SIGNED
PITAL OR ATTENI may be retained RAL DIRECTOR: A page 3 shauld be filed with the	Q 10 1 della to 2019 DEGREE PHYS DIRECTOR DIRECTOR 1/3/68
AL by	220 PHYSICIAN'S 22e. ADDRESS
SPIT 4 mid IERA ar, 1	NAME (Type) JOHN D. TALBERT, M. D. VAH FORT HOWARD, MARYLAND
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. af Health prior tall	23d. BURIAL (REMATION, PROCESSIA) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Caunty) (State)
5 5 5	BURIAL 1-8-68 BALTIMORE NATIONAL BALTIMORE, MARYLAND
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JUM KEN TAR	Thurse K. Losse Filmenel F. Exemples No. CALHOUN ST. BALLELMORE, MD.
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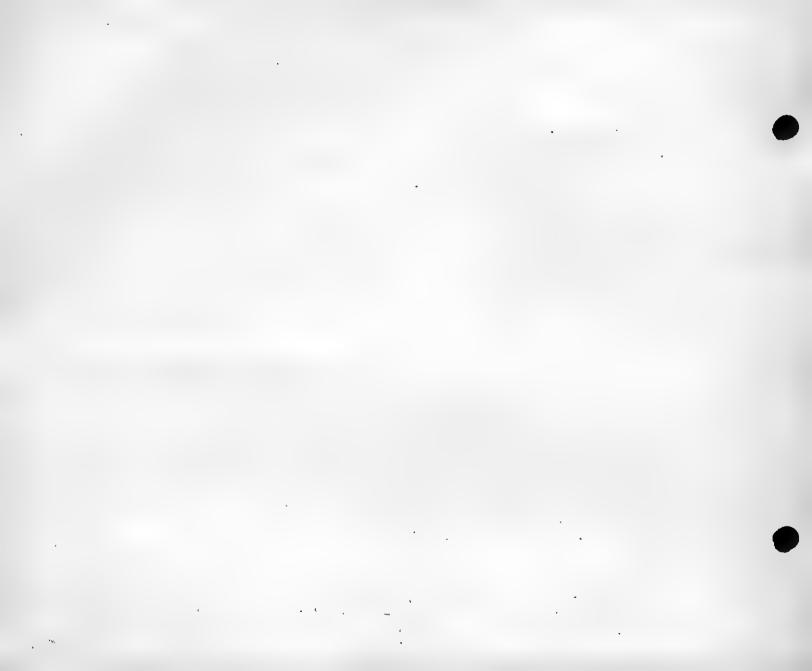


		MARYLAND STATE DEPARTMENT OF HEALTH	
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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affer affer	3. S	EX 4. RACE S DATE OF BIRTH 6. AGE (In years Full	NDER I YEAR IF UNDER 24 HRS.
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the death certific the attending phys nsit permit. Then p smation, or removol,		18. CAUSE OF DEATH (Enter only one couse per ling for (o), (b), and (c))	APPROXIMATE INTERVA. BETWEEN ONSET AND GEATH
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The after has se of the poly	ΙĔ	YES NO CAUSES OF DEATH?	
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D E E E E	MEDICAL	OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor (If either, notify medical examiner) P.M. 19	
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physicion. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	W	21d INJURY OCCURRED While Not while of work AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. City of Town Co	ounty Stote
ING by the ter tate	П	22a. I certify that (I) (this haspital) ottepded the deceased fram. 1/23 1968, to 1/25, 196	2, that (I) (we) last
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TA riginal through	П	22b SIGNATHEE //	SIGNED
d w	ш	Young C. Soc, m. D. DEGREE ATTENDING MED DIRECTOR STAFF 1/25	5-168
AL D	Н	22d. PHYSICIAN 2	700
O HOSPITAL Page 4 moy O FUNERAL director, pag should be file		NAME LYOPA YOUNG C. JOE, M.P. Greater Baltimore Mac	
HO age	230	BURIA., CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (Co	ounty) (State)
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		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	. 1
FOR STATE	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	11.
HEALTH DEPT		DECEASED-NAME First Middle Lost 20 DATE KNOWN TO Month	Doy Yeor 2b HOUR
n p of x		(Type or Print) AROL S. GREENBLATT DEATH MATED 7-9	3- 188 3PM
à m 8 m €	3	SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF LINDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
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2,2	70	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X 9 COUNTY OF DEATH	19 j M
De De		introl 6 0 - 1 1/2 1/2	Ltimore, Co.Md
## for the forter	10		12b KIND OF BUSINESS OR
death.	\mathbf{L}	The state of the s	INDUSTRY
offer death. 3. Give Pages alang with far with the State eath	130	LIS. A. RESIDENCE (Where decented Lyan of institution, the december of St. CITY OR TOWN 13d INSIDERTY IMMISS) 13d STREET AND NUMBER	
s after 18. Gru alang		odmission) STATE CONN. 13b COUNTY Fairfield STAMFORD YES X NO 1675 BEOFOL	317 57
haurs Item 12 Office 1 and 2 after d	-	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
aft of the	"	JACOB GAEENBLATT GERTANDE	5LATER
hin 24 mal in miner's pages haurs	160	WAS DECEASED EVER IN ILS ARMED FORCES? ISSA SOCIAL SECTION FOR DESCRIPTION OF THE PROPERTY APPROPRIES.	24/61
		Yes, no, or unknown) (If yes give wer or dates of service) HOSP: TAL BECORDS	
File	F		APPROKAMATE INTERVAL
be executed "pending" in lef Medical E insit permit F event within		18 CAUSE OF DEATH (Enter only one couse per the for (a), (b), and (c)) PART I DEATH WAS CAUSED BY	BETWEEN ONSET AND CEATH
bending" pending" ef Medical nsit permit		IMMEDIATE CAUSE (0) 174/1729 123/190/2/1022	Sudden
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d b d :: d Chie		nse to immediate couse (a). (b)	
Just de la		storing the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
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writing t writing t rwarded sed as a naval an	NO	IN DATE OF OPPORTUDING	
te, writin farwari e used o	CERTIFICAT	196 COND TION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
e dit	RIF	On Cyreb Let China	YES NO
in the second of	A C	216 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Her HOUR A.M.	n 18)
INER: e certif shauld files. 3 shaul	MEDICAL	CAUSE OF DEATH P.M 19	
= 9 × ± 8 E	2	21d INJURY OCCURRED 21s PLACE OF INJURY (At home, form, street, while Not while Not while Not while Inctory, office building, etc.)	County State
DEPUTY DICAL EXAMINER ressary, please execute the cer e funeral director. Page 4 shau may be retained for yaur files. FUNERAL DIRECTOR: Page 3 shausth prior to burial, cremation		AT WORK AT WORK	
ICAL E executor. Popular for CTOR: burral,		22a. I certify that I took charge of the remains described above, held an Autapsy Inspection Inspection Inquiry I.	and in my apinion
Ed ar e e e		death resulted from Natural causes , Accident , Suicide , Homicide , Undefermined manner [
direct tain tain tain tain tain tain tain tai		CHIEF MEDICAL EXAMINER	, /
nry, ple eral d be ret be ret prior	i	SIGNATURE SIGNATURE 226 DATE SI	GNED
Sary Sary Sary Sary Sary Sary Sary		EXAMINER'S DEPUTY MEDICAL EXAMINER	1167
TO DEPUTY DICA necessary, please e the funeral director 5 may be retained TO FUNERAL DIRECT Health priar to bu		NAME (Type) Charles F. O'Donnell, M.D. ADDRESS(Street city, town, or county)	1/
5 ± 2 5 ±	230	BURIA, CREMATIONS 236 DATE 236 NAME OF CEMETERY OR CREMATORY 234 ACCATION (City or Town)	(County) (State)
		Purial 1/12/1968 Beth - El Cemetery Stamford Connect	icut
	24.	FINERAL DIRECTOR	GNATURE
VR A15ME (5) 10M REV 1/68	1	Easton Funeral Home Cotono willer pd DATE JAN 10 1968 JChon	las Judge.

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 00384 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00382 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 20 DATE OF DEATH 2b. HOUR (Type or print) Day 2 Tear (8 6.30A -RANGES REMER signed by the ottending physicion ond campletely filled in by the ful buriol-tronsit permit. Then pleose remove corban papers Pages burial, crematian, or removal, and in any event, within 72 hours after 3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years 1E LINDER YEAR IF LINDER 24 HRS O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ≡xecuted within 24 hours after campletely filled in by the lost birthday) DAYS HOURS FEMALE White 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED [NEVER MARRIED [country) U. S.A-GERMAN WIDOWED DE DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital ID. CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address? during most of working life, even if retired) INDuSTRY CATANSUITE NONE NONE 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY BARTIMORA md. STONSU, //E 14 FATHER'S NAME Middle First 15. MOTHER S MAIDEN NAME First Middle NOT KNOWN NOT TISSENCLORGER KNOWN 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address (If yes give war or dates of service) Yes, na. ar unknown) BEHEGRALE NONE 5. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY artoriosclawter IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been be detached for use as the Stote Dept. of Health prior to 700 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES -NO Z 23d, ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJRY OCCURRED State City or Town County While Not while of work 220. I certify that (1) (this hospital) attended the deceased from Gall 25, 1966, to fam 25, 1968; that (1) saw the deceased alive on 196 F, and that in (my) (our) opinion death occurred an the date and hour and from the 4 may be retained director, page 3 shauld should be filed with the causes stated above, (1) (we) (did) (did not) view the body after deoth. 22b SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR 1-25-68 DEGREE 22d. PHYSICIAN'S 22e ADDRESS 1009 Frederick Rd., Baltimore, Md. NAME(Type) John A. Nesbitt, Jr., M.D. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BUR AL, CREMATION 23b DATE (County) (State) REMOVAL (Specify) BROOKLYN omerat FUNERAL DIRECTOR 250 REC D'BY REGISTRAR VR A15 (4) 30M REV. 1/68 Bat - md, 21228



	1	MAKTLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0.004.0
		CERTIFICATE OF DEATH	00383
le general de la		DECEASED NAME CHARLOTTE EMMA GROFT 20. DATE OF DEATH Month / Day	14 409 68 4:10 M
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4 hours at a fin by the sers Page 72 hours a	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH 1 1 1 1 1 1 1 1 1 1	Md.	
vithin 24 by filled in oon paper within 72		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of, work dane during roost of working life, every if retired) Nount Wilson State Hospital	12b. KIND OF BUSINESS OR INDUSTRY
kecuted withi campletely fi nave carban ny event, with	13o. odm	. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c, CITY OR TOWN 13d INSIDE CITY UMITS? 13e. STREET AND NUMBER nission) STATE Manyland 13b COUNTY Carrolle West minutes YES 10 10 622 13 is the	op Str.
be exe n and c e remo	34.	FATHERS NAME FIRST Middle Lost IS MOTHERS MAIDEN NAME FIRST Middle VEIDER YOHANNA	KARA
ertificate b physician en please aval, and i		NAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar yorknawn) 16b SOCIAL SECURITY NO. 17. INFORMANT Address Pes, na, ar yorknawn) 17 Pes, na, ar yorknawn 18b SOCIAL SECURITY NO. 17. INFORMANT 18b SOCIAL SECURITY NO. 17. INFORMANT 18b SOCIAL SECURITY NO. 17. INFORMANT 18c Social Security No. 17. INFORMANT 18c Social Security No. 18c S	·
by the hospital ar attending physician. By the hospital ar attending physician. Stear this certificate has been signed by the attending physician and campletely filled in by the be detached far use as the burial-transit permit. Then please remave carban papers. Pages State Dept. af Health priar ta burial, crematian, or remaval, and in any event, within 72 hours after the permit of Health priar ta burial.		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PULLIONARY EYPTIEVA, CLEVONICE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
if the de the atte sit perm nation, o		Conditions, if any, which gave	
es that t sician. ed by th al-transit al, crema		nse to immediate couse (o). stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF last. (c)	
	22	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
: The law requires th ir attending physician e has been signed by use as the burial-tra aith priar ta burial, cre	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d AUTOPSY? YES NO CAUSES OF DEATH?	NSIDERED IN CERTIFYING
CLAN: iital ar itificate if far us if Health	MEDICAL CER		em 18.)
PHYSICIAN he hospital this certifica etached fai	MEI	21d. INJURY OCCURRED While Not while at wark at wark	Caunty State
Page 4 may be retained by the hospital ar attendir to FUNERAL DIRECTOR: After this certificate has bee director, page 3 shauld be detached far use as the shauld be filled with the State Dept. af Health priart		22a. I certify that (I) (this hospital) attended the deceased from 12.3.3., 19.67, to 19.67, 19.58 sow the deceased alive an 19.68, and that in (my) (our) opinion death accurred on the dot couses stated above, (I) (we) (did) (did not) view the body after death.	e ond hour and fram the
OR ATTENE De retained JIRECTOR: A e 3 should ed with the		226 SIGNATURE ATTENDING DEGREE PHYS DIRECTOR STAFF PHYS DIRECTOR PHYS DIRECTOR PHYS DIRECTOR	ATE SIGNED 14.1968
D HOSPITAL OR ATTENE Page 4 may be retained 5 FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the		22d. PHYSICIAN'S NAME (Type) William Newcomer, M.D. 22e. ADDRESS Mount Wilson, Maryland	
ro HOSPITAL Page 4 may To FUNERAL I director, pag shauld be fill	230	BURIAL (REMATION, BURIAL) DATE, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
- /e /	24.	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR S.S.	HGNATURE
VR A15 (4) 30M REV 1/68		J. E. myers. p., Witnuter and, DATE JAN 16 1968 John	ver Judges

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	_	- 1					STATE DEPART					
	,	- 1		46388	DIVISION OF VIT	'AL RECORDS, 30	I W. PRESTON ST	TREET, BALTIMO	RE, MARYLAND	21201	00	200 #
	_ ` ' ' '	CERTIFICATE OF DEATH										
	6- 101 :	- 1	l DE	CEASED-NAME / First		Middle	Last		DATE OF DEATH	1116	168	2b HOUR.
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	2 2 2		3. SE	m	4. RACE	, ,	S. DATE OF	BIRTH	6. AGE (In	years	MONTHS DAYS	F UNCER 24 HRS
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	illed in papers, in 72 h	ŀ		Dies, I''	0,0			ORCED [BALL	1110	50	Md
	filled pape thin 7		10. Ç	TY OR TOWN OF DEATH	guse stree		UTION (if nat in hospital	/ IZa. USUAL OC	CUPAT ON (Kind at w Warking life, ever	/ork done	12b. KIND OF 8	USINESS OR
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	ecuted with campletely ave carbon y event, with	- [ј3о	USUAL RESIDENCE (Where deceas	ad local if pretitution.	Dorudones hofers 113	c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND N	UMBER		
	ure e c		admi	ssion) STATE (N)	13b COUNTY Balt	0		YES NO	2462	Yrow	MALL	
	ne executed and cample remave ca	ŀ	1.6 .	ATHER'S NAME First			Lie Hotuene	THE PERSON AND THE PE	O TEN	Middle	VUF1-1	l
	and rem n an	1	14, [2	Middle	1 Lost	IS MUTHERS !	WAIDEN NAME First		Middle	0_	Lost
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	ate k Ician lease and			WAS DECEASED EVER IN U.S. ARM	MED FORCES? 16b	. SOCIAL SECURITY NO.	17. INFORMANT			Address		
	physician of the properties of the please of the please oval, and it	- 1	101	es, the XIII CONTRACTOR X	nor or dates of service)	81-14-24	6] Mrs. C	hs.Smith	3463 Yorki	ray 21	222	
	th certification of the standard	ı		18. CAUSE OF DEATH (Enter on	ly and cause has been for	- (a) (b) and (c))		_			APPROXIMA	ATE INTERVAL
	he death cer attending p permit. The ian, ar rema			PART I. DEATH WAS CAUSE) 8), que conze bet ime ic	r (0), (u), and (c)	· Z	1 :	0- 15		BETWEEN ON	SET ANO GEATH
	he deatl attendi permit.	- 1			ATE CAUSE (a)	(ardi	ar lack	uere 1	TCEEK			
	att an,	- 1		412.9	DUE TO, OR AS A	CONSEQUENCE OF			, ,			
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	that the can. by the attransit per crematian,	- 1		nse to immediate couse (a), (stating the underlying couse)	QUE TO, OR AS A	CONSEQUENCE OF		1	0-1-	1		1
	다 프로 마이트 마이트 프로	- 1		last.	(4)	Puece	mound	us: 13.	Kalika	L	100	dack
	4: The law requires that the death certificate be executed within or attending physician. It has been signed by the attending physician and campletely filler use as the burial-transit permit. Then please remaye carbon posath priar to burial, crematian, ar remayal, and in any event, within	_		PART 2. OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING			A DISEASE OR CONDI	TION CIVEN IN DARK I	(fa)	10	-/-
	P Si P	- 1		TAKE Z. OTHER SIGNIFICANT COL	DITIONS CONTRIBUTING	TO DENTI BUT NOT	KELATED TO THE TERMIN	AL DISEASE OR CONDI	HON GIVEN IN FAKT I	(0)		
	The law re attending e has been use as the slith priartal	-1	8	1201								
	encence s b s b	Λ.	3	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH	PERATION WAS PERFO	RMED 200, AUT	IOPSY?	20b IF YES, WERE		INSIDERED IN CER	ITIFYING
	The atter	X.	CELLIFICAT.ON				YES	NO 🗌	CAUSES OF DEATH?	1		
		- 1	-	210. ACCIDENT WAS UNDERLYIN		URY	21c HOW INJURY O	CCURRED (Enter notu	re of injury in Port 1	or Port 2, It	em 18.)	
	fical far far far far	- 1	3	OR CONTRIBUTING CAUSE OF GEAT		onth Doy Yeor						
	YSICIAN: laspital or certificate thed far u pt. af Healt	- 1	MEDICAL	(If either, natify medical examination 21d, INJURY OCCURRED 21e.	DIACE OF INHIBY AND	19	() DIE LOCATION CH	and on D.C.D. No.	City or Tawn		County	State
	S PHYSICIAN: the haspital or this certificate detached far u	- 1		While Not while	OFFI	CE BUILOING, ETC.	21f. LOCATION Str	eel of K.P.U. 140.	city or tawn		County	21016
	de the de the contract of the	_		at wark at wark			3/				10	
	ffer be obe			22o. I certify that (I) (th	is haspital) attend	the deceased	from 2///		, to //C	<u>2, 19_6</u>	that	(I) (we) last
1250	A Par	- 1		saw the deceased o	live an	19_	and that in (r	ny) (our) opinian	death occurred	an the dot	e ond hour o	nd from the
	11 di 30 di 41	- 1		causes stated abave	, (I) (we) (alay(ala	nat) view the ba	ay atter death.			1		
•	With State	- 1		22b SIGNATURE	1 10	1 10	7 ATTEND	ING MED.	STAFF	22c. D	ATE SIGNED	· c/
	be retained DIRECTOR: ge 3 shauld led with the	- 1		dor-A.C	12H les	R Mis	DEGREE PHYS.	DIRECT	OR STAFF		11716	8
	TAL On the page begge begge e filed	1		22d. PHYSICIAN'S	Tanah 4	0 - 331-	22e. AD	DRESS				
	PITA mo ERA ERA II, p	' I		NAME (Type) Dr.	Joseph A.	Segrack		200 W. Per	nsylvania	Ave.	21204	
	TO HOSPITAL OR ATTENDING PHYSICIAN Page 4 may be retained by the haspiral O FUNERAL DIRECTOR: After this certifica director, page 3 shauld be detached fail shauld be filed with the State Dept. af He		23a	BURIAL, CREMATION, 23b.	DATE	23c. NAME OF CEN	IETERY OR CREMATORY	236	. LOCATION (City ar	Tawn)	(County)	(Stote)
	P C C Short			REMOVAL (Specific	1-19-67		m Cemetery	200			(200)/	(3.4)
	F - H	-	24	FUNERAL DIRECTOR		ADDRESS	- остесетА	250. REC'D BY REC	Marklest	REG STRÁR'S S	CIGNATURE	
	VR A15 (4) 30M REV 1/61		24.		8501 1					Colon		
	JUM KEY 1/6	D I		Wm. E. Johnson,	ODET FOCU	Raven Bl	va. 21204	DATE AN I	8 1968	The state of the s	THE PARTY	

III ADVI BRID CTATE DEDARTMENT OF HEALTH



- 1	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	00385
Ļ	MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME First Middle Cost 20 DATE KNOWN A Month	Day Yeor 2b HOUR
	(Type or Print) ALFRED D. HAAS OF ESTI- DEATH MATED JAN	
1	Male White June 26, 1911 6 AGE [In years IF UNDER 1 YEAR OF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD YRS YRS YRS YRS WIN. 128	Year 1968 2d. HOUR
	o Birthplace (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9, COUNTY OF DEATH U. S. A. WIDOWED DIVORCED Baltimore	M
10	Dundalk 11 NAME OF HOSPITAL OR INSTITUTION (finet in hospital) 12a USUAL OCCUPATION (Kind of work done give street oddress) 7302 Martell Ave.	126. KIND OF BUSINESS OR LINESS Steel
13	30 USUAL RESIDENCE (Where deceased lived, finishtutian Residence before 13c CITY OR TOWN 13d MISIDE CITY IMMISS? 13e STREET AND NUMBER 7302 Martell A	ve.
14	4. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Hartin Hass Ida	lost Milke
16	60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17, INFORMANT (WILL)	lalk, Md.
	(Yes no, or unknown) (If yes give wor or dates of service) 212-03-8425 Mrs. Evelyn M. Haas, 7302 Marte.	ll Ave.
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	+
CERTIFICATION	19a DATE OF OPERATION 19b COND T ON FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
THE PERSON NAMED IN	210 EXTERNAL CAUSE WAS 216 T ME OF INJURY Month, Boy Tear 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, II HOUR A.M. CAUSE OF DEATH P.M. 19	YES NO 18)
MATTE	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d INJURY OCCURRED WHILE AT WORK AT WORK AT WORK	County State
	22a certify that I took charge of the remoins described above, held on Autopsy, Inspection _X_, Inquiry _X_ death resulted from Natural couses _X_, Accident, Suicide, Homicide, Undetermined monner	ington Rd. signed 1/16/68
2	230 BURIA. CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 1/18/68 Oak Lawn Computery Baltimore	(County) (State)
2	24 FUNERAL PIRECTOR DA 7922 WISE AVE DIADORES M. 250 REC D BY REGISTRAR 256 REG STRARS	
	NA - 11 T A 1000 C	VA



		MARYLAND STATE DEPARTMENT OF HEALTH	
untiger .	П	16388 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	00000
		CERTIFICATE OF DEATH	00386
≟ _2 ≟		DECEASED NAME First Middle Lost 20 DATE OF DEATH	2b. HOUR
de d	'	(Type or print) James E(mor. Haddaway Month Doy	105AM
a 13 6	3 5	Note that the second se	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
5 3 35		W 1/15/1885 last birthday) YRS.	MORINS DATS RODES MIN.
bours after death by He Aurieral roar death höur death		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
	200	Md. U.S. A. WIDOWED DIVORCED Balty Mr.	ska Md
		CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (if not in hospital during most of working life, even if retired) Ref. (1) USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
d with		outrino by DM. C. Curveyer	Seff- English
cuted v omplete event,	adn	1. LSUAL RESIDENCE (Where deceased lived, if institution: Residence before 136 CITY OR TOWN 134 INSIDE (MY JM.157) 136. STREET AND NUMBER MISSIAN) STATE ALL Del 13b. COUNTY Count of the county of t	7 7
and com remave in any ev	14.	FATHER'S NAME First Middle Last / IS MOTHER'S MAIDEN NAME First Middle	Lost
be n ar	1_	James Haddway / Sarah	Worten
aw requires that the death certificate be executed within ading physician. been signed by the attending physician and completely (it is the burial-transit permit. Then please remave carban are to burial, cremation, ar remaval, and in any event, with	160	a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or doles al senore) 16b. SOCIAL SECURITY NO 177. INFORMANT 222-26-2598 DV. Firm. G. B. M.C. Ho	s, ital
that the death certifi an. by the attending phy transit permit. Then cremation, ar remava		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he death ce t affending permit. The	П	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0)	3 days
e de affer erm	П	DUE TO, OR AS A CONSEQUENCE OF	
the the date	П	(Conditions, if any, which gave) the warming and Rend fairluse	17 days
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The law re attending has been se as the I h priar ta b	FICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
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by 1 ffer ffer be o	Н	22a. I certify that (1) (this haspital) attended the deceased from 12.25, 1967, to 1/26, 19 saw the deceased alive an 1/26/1968, and that in (my) (aur) apinion death accurred an the da	60, that (I) (we) last
R: A	П	saw the deceased alive an	te and havr and from the
Short Tib	1	22b. SIGNATURE # /	DATE SIGNED
OR ATTENI be retained DIRECTOR: A pe 3 should ed with the		DEGREE PHYS DIRECTOR DIRECTOR PHYS.	120168
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O HOS Page 4 O FUNI directa shauld	230	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town)	(Caunty) (State)
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VR A15 (4)	24	FUNERA, DIRECTOR ADDRESS . 250 REGISTRAR 256 REGISTRARS	SIGNATURE
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	k .				STATE DEPARTM			
- 1		00389	DIVISION	OF VITAL RECORDS, 3	101 W. PRESTON STR ERTIFICATE OF		, MARYLAND 21201	00382
(A.A.	i D	CEASED-NAME Fir	r)	Middle	lost		ATE OF DEATH	2b. HOUR
		Harra sa acus	AMES	SAMUEL	HALL	20. 0.	JANUARY	11 1968 8:50R
2-/e	3 SI	Х	4 RACE		S DATE OF BIE	RTH	6 AGE (In years	IF UNDER 1 YEAR IF JADER 24 HRS.
F See		MALE		NEGRO	4/5	5/94	last birthday) 73 YRS	MONTHS DAYS HOURS MIN.
in by the series of the series	70 cau	BIRTHPLACE (State or foreign	76. CITIZEN O	F WHAT COUNTRY?	^{8.} Married 🔲 Never Mari	RIED 9. COUN	ITY OF DEATH	
en please remove carban papers oval, and in mny event, within 72 t	L	MARYLAND	U.S.A.		WIDOWED X DIVOR		BALTIMORE COU	NTY, Md
21		ORT HOWARD	1	NAME OF HOSPITAL OR INST type street address) ET. ADM. HOS	PTTAL	12a USJAL OCCUP during most of w	PATION (Kind of work done orking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY FARM
ŧ	130	SJAL RESIDENCE (Where dece	osed lived, if ins	titution: Residence before			13e. STREET AND NUMBER	
	odm	STATE MARYLAND	13b COUNT	ARUNDEL /	HARWOOD	YES ☐ NO ☑	RR 1. Box 14	5
	14	ATHER S NAME First	Midd		IS MOTHER S MA	IDEN NAME First	Middle	Lost
yê.		JOHN	HALL		REBECO	A GRAY		
		WAS DECEASED EVER IN U.S. A		16b. SOCIAL SECURITY NO	D. 17 INFORMANY		Address	
		es, no or unknown) (If yes an	war or dates of service	220 16 89	83 CLIN.REC	CORDS. VA	HOSPITAL, FT I	HOWARD, MD.
		18. CAUSE OF DEATH (Enter						APPROX.MATE INTERVAL BETWEEN ONSET AND CEATH
		PART I. DEATH WAS CAU	SED BY: DIATE CAUSE (a) _	BRONCHOGENIC	CARCINOMA I	EFT UPPER	LOBE	
		/	, ,					
		Conditions, if any, which gov		BRONCHOPNEU	MONIA, RECEN	OM HTIW TV	PYEMA, LEFT	
		rise to immediate couse (a stoting the underlying cous		DICOCORDENDIANOSOR	<u> </u>			
		last.	-) (c).	ARTERIOSCLE	ROTIC HEART	DISEASE		
		PART 2. OTHER SIGNIFICANT (ONDITIONS CONTI	R BUTING TO DEATH BUT NO	RELATED TO THE TERMINAL	DISEASE OR CONDITIO	N GIVEN IN PART 1(0)	
	l _z	CIRRHOSIS OF	LIVER.	BENIGN PROS	TATIC HYPERI	TROPHY		
1	CERTIFICATION	19a DATE OF OPERATION 15	b CONDITION FOR	WHICH OPERATION WAS PERF	FORMED 20a. AUTO		20b IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
	E E				YES 📑		CAUSES DE DEATH?	
		21 a. ACCIDENT WAS UNDERL'		NE OF INJURY N.M. Month Day Year	21c. HOW INJURY OCC	URRED (Enter noture	of injury in Part 1 or Port 2, 1	tem 18.)
	MEDICAL	(If either, notify medical exa	miner) P	LM. 19				
	2.	at wark at wark		RY (AT HOME FARM, STREET, FACTO OFFICE BUILDING ETC.			City or Town	County State
		22a. I certify that (1)	this haspital)	attended the deceased	fram 12/26/6	7_, 19, 1	la 1/11/6 8_, 19_	, that (llk(we) las te and haur and fram the
		saw the deceased	ve (1) (we) (d	I/ 11/00 IV	, and that in (my	y) (aur) apinian d	eath accurred an the da	te and havr and tram the
	П	22b. SIGNATURE	40,30 (We) (C	id) (ggggpt) view ine b	day aner acam.		22r D	DATE SIGNED
	L	4/22	medi	Kan IIIaa	MODEREE ATTENDIN	iG MED. DIRECTOR	STAFF NHYS.	1/12/68
		22d. PHYSICIAN'S	Mun-		22e, ADD	RESS		
		NAME (Type) AHME	D C. K.	KUTTY, M. U.	V	AH FORT H	OWARD, MARYLA	ND
	230.	BURIAL, CREMATION, 23	b DATE /	23c NAME OF C	EMETERY OR CREMATORY	23d.	LOCATION (City or Town)	(Caunty) (State)
		REMOVAL(Society)	-16-1	/	PARK NATION	AL B	ALTIMORE. MD.	
1	24	FUNERAL DIRECTOR	-0.04/		UNERAL HOME	25a. RECIPANTEON	BAR 1968 REGUERRE	SIGNATURE JANGE
8	1	ullamke	CLLET		Joshinston C	DATE	1 2 343	00



MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00388 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED NAME First M.ddle 2a DATE KNOWN Month Day 26 HOJR Year (Type or Print) DEATH MATED January Effie 28, 68 deloy is and 3 to C. Hancock Paa IF JMDER YEAR 4 RACE S DATE OF BIRTH 6 AGE (n years IF UNDER 24 HRS 3 SEX 2c DATE PRONOUNCED DEAD 2d. HQUR HOURS Female 9/11/95 M3. White 28 1968 211 PM 72 YRS 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Virginia U. S. A. Baltimore WIDOWED [DIVORCED [Pages 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind at work done 12b KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 2401 Manning Ave. Edgemere 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CTY OR TOWN 13d THISIDE CITY LOADING 13e STREET AND NUMBER 13b COUNTRAIL imere Edgemere 2h01 Manning Ave. YES NO IK land 2 v after 14 FATHER'S NAME Last 15 MOTHER'S MAIDEN NAME M.ddie William Arabella Lam Jones hours 17 INFORMANT (Husband) ADDRESS Edgemere. Md. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO (If yes give wor or dates of service) Mr. Herbert W. Hancock, 2401 Manning Ave. Fig CAUSE OF DEATH (Enter only one couse per me for (g) (b) and (c))

PART I DEATH WAS CAUSED BY:

A - S - C - V - & LOSELES (c) within BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immed ate cause (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 196 CONDITION FOR WHICH 20 AUTOPSY? WAS PERFORMED? YES 🔲 NO TE 21a. EXTERNAL CAUSE WAS 21b. TIME OF NUJRY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) PRIMARY TO OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21d NJURY OCCURRED 2.e. PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) NOT WHILE AT WORK ____ AT WORK 22a | certify that I took charge of the remains described above, held on Autopsy | ... Inquiry K. Inspection . and in my apinian Natural causes . Accident . Suicide 🗌 Undetermined monner death resulted from Homicide 6800 Mornington Rd. CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICA, EXAMINER A Dundalk 1/28/68 **EXAMINER'S** 5 moy TO FUNE Health Melvin B. Davis ADDRESS(Street, city, town, or county) 21222 NAME (Type) M.D. 23c NAME OF CEMETERY OR CREMATORY 23a BUR AL CREMAT ON, 23d LOCATION (City or Town) (County) Burial (Specify) 1/31/68 Meadowridge Memorial Park Dersey, Md. ADDRESS 25a REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE 24 FUNERAL D RECTOR John J. Duda, 7922 Wise Ave. Dundalk, Md.





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00392 00390 CERTIFICATE OF DEATH 1. DECEASED NAME Middle Lost 2a, DATE OF DEATH death. requires that the death certificate be executed within 24 hours after death. (Type or print) the funeral 3. SEX 4. RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 Sbould be filed with the State Dept, af Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after last_birthday) PHINOW DAYS HOURS 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE Stote or foreign 8. MARRIED NEVER MARRIED campletely filled in WIDOWED | DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 126, KIND OF BUSINESS OR give street address) during most of working life, even if retired.) STOCKS CITY OR TOWN 13e STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY and 14. FATHER S. NAME Middle Lasi physician (ien please 16b SOCIAL SECURITY NO WAS DECEASED EVER IN L. S. ARMED FORCES? Yes no, ar unknawn) (If yes give yor or dotes of service) 081-03-957 APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) signed by the burial-transit Conditions, if any, which gove) nse to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 20o. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🗀 2)a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town State County While Not while at work 220. I certify that (I) (this hospital) attended the deceased from \$\frac{12}{20}\$, 19.67, to \$\frac{10m}{20}\$, 12, 19.68, that (I) (we) lost saw the deceased alive on \$\frac{10m}{20}\$, 12, 19.67, and that in (my) (our) applicant death accurred an the date and hour and from the causes stated above, (I) (we) (did) to the view the body ofter death. 22b. SIGNATURE 22r. DATE SIGNED STAFF DEGREE PHYS DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S BALTIMORE MED, CENTER NAME (Type) GREATER 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23g BURIAL (REMATION, 23b DATE (County) REMOVAL (Specify)
Chematical
24, FUNERAL DIRECTOR Greenmount Baltimore **ADDRESS** 4905 York Road 21212 imore, Md. XXXXXXX Sons Co. 30M REV 4 68



	0039	DIVISION O	F VITAL RECORDS, 30					0000	_
FOR STATE	0000	6)	MEDICAL EXAM	AINER'S CEI	RTIFICATE OF D	EATH		0039	1
HEALTH DEPT.	I DECEASED NAME	First	Mid	idie	Lost	20 DATE KNOWN	Month Day	Yeor	2b HOUR
× 5 € /₽	(Type or Print)	Donald	Way	ne	Hare	OF ESTI- DEATH MATED	 □Jan. 14	19 68	10:0
am P /s	3 SEX	4 RACE S	DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR IF UNDER WONTHS DAYS HOURS	24 HRS 2c. DATE PRONOUN	CED DEAD		2d HOUR
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	damission) SIA	" Maryland	36 COUNTY Baltim	ore Dali	umore YES	NO 2 7709 Wil:	son Avenu	ie 2123	54
haur Item Office I and	14. FATHER'S NAME	First	Middle		S MOTHER'S MAIDEN NAME	^	M:ddle	lost	
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with per year xam xam ile 172	. No				rs. Patric	ia terraga	mO	(Same	
ecuted ing" in adical E ermit. F within	18 CAUSE (OF DEATH (Enter only on DEATH WAS CAUSED BY	e couse per ne for (o), (b),	ond (c))	V/ :		11	APPROX MATE IN BETWEEN ONSET A	
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V 0 m =	lost. G1		(William)	mi leon	- Charle	nedalle			
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te, writh farwan e used c	210 EXTERNA	17/12	WAS PER		cara la	1 61	ig logy	YES	NO [27]
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# 70 = 7		OR CONTRIBUTING	HOJR A.M.	10/0	(12. 1		ZZ 5 7	K-	
Strie at the string of the str	PRIMARY CAUSE OF DE		OF IN. JRY (At home, form,	street, 211	LOCATION Street of R.F.D. No	City or Town	(3)	anty //	State
(AMINER: te the cert e 4 shouli rour files, age 3 shar crematian	WHILE AT WORK	NOT WHILE Sectory	off ce building, etc.)	5/5	It Troops	Keleshits	1/1/2	1 32	1200
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EPUTY essary, funeral ay be JNERAL	SYA MINISP	ζ.			DEPUTY MEDIC		1/5/	1/2	
necessary, property the funeral S may be re to FunERAL Health pria	NAME (Typi	Charles	F. O'Donne	11, M.D	 ADDRESS(Street 	t, city, tawn, or county)	71/	0	
To Ell	230 BURIAL, CREM		E 23c, N	AME OF CEMETERY O	IR CREMATORY	23d LOCATION (City or Balti	Tawn) (Con	gry) (Ste	ote)
7	REMOVAL (SP	1 1/	18/68. Ho.	ly Kede	emer (emeti	ery Balti	more, 11	ia.	
1961	24 FUNERAL DIRE		0 0	ADDRESS			REGISTRAR'S SIGNA	TURE	
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MARTLAND STATE DEPARTMENT OF HEALTH

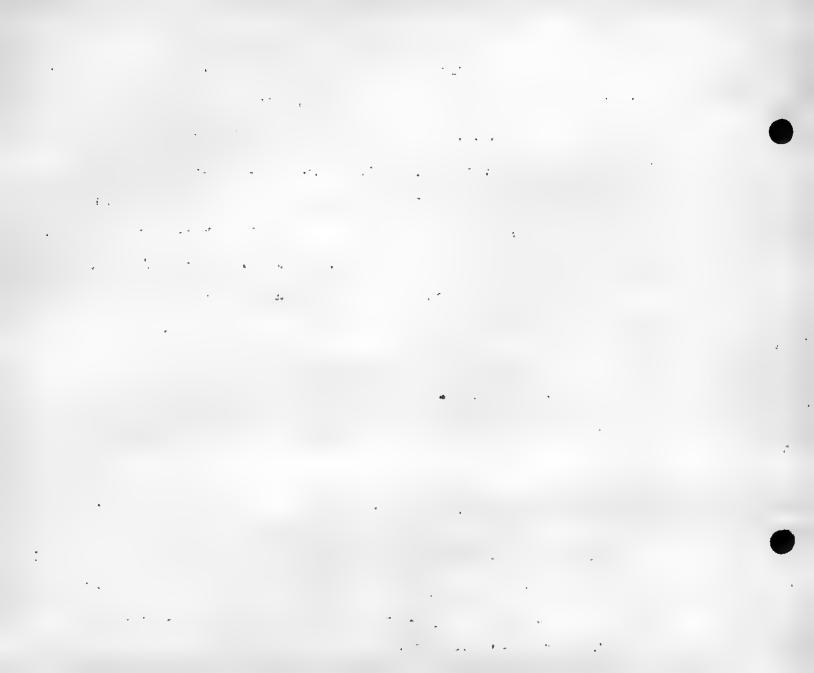


1	MARYLAND STATE DEPARTMENT OF HEALTH					
15 1		00394	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	
(NIVI)		00936		CERTIFICATE OF DEATH		00392
1 2 2		CEASED-NAME First	Middle	Last	2a. DATE OF DEATH	2b HOURA
funeral and er death	[ype or print) Mamile	S	Harmeyer	Month Do	Y Year 5:00 M
fun S 1	3. 5	X	4 RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
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by ya . In a line in a lin	70.	nerseas an edge?) 314 IGHTQIS	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED	9. COUNTY OF DEATH	
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hin 24 filled n pape thin 72	10	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR I		AL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR INDUSTRY
ely with with		Overlea	give street oddress) 13 East O	erlea Ave	nost of working life, even if retired) Housewife	MINIOSIKI
od car	13a.	usual RESIDENCE (Where deceas	ed lived, if institution; Residence before	13c CITY OR TOWN 13d. INSIDE CITY	UM-TS? 13e. STREET AND NUMBER	
ecuted with campletely ave carban y event, will	ugili	Maryland	13b. COUNTY Baltimore	Overlea YES N	050 13 East Over	·lea Ave
ond c	14	ATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME	First Middle	Lost
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e death certificate b attending physicion permit. Then please an, or remaval, and i	160	WAS DECEASED EVER IN U.S. ARM	AED FORCES? 16b. SOCIAL SECURIT	NO. 17. INFORMANT	Address	
rtific shys		es, no, of unknown) (If yes give w		Mr Clarence	Jarmarar Same	
	Г	18 CAUSE OF DEATH (Enter on	y one cause per line for (a) (b), and (1)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eath andii ar re		PART I DEATH WAS CAUSED , IMMEDIA	D BY: ATE CAUSE (0) Licette (1)	ronaus men	Mis conen	1 milant
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t the state of the		Conditions, if any which gave)	(b) HynerT	a silve + artin	dore whater	8 yeurs
than by by ren		rise to immediate couse (a),{ stoking the underlying cause(DUE TO, OR AS A CONSEQUENCE O	3.0	, ,	
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equires that the physicion. signed by the burial-transit purial, cremati		PART 2 OTHER SIGNIFICANT CON	NOITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)	
ing ing the tage	*	4341				
The law ra attending has been se as the h priar ta	CERTIFICATION	19c. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS I	TERFORMED 20a AUTOPSY?	20b IF YES, WERE FINDINGS (CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
The aff	E			YES NO [(
AN: I or I cate ar u		21a ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT		21c HOW INJURY OCCURRED (Enfo	er nature of injury in Part 1 ar Port 2,	Item 1B.)
SEC.	MFDICAL	(If either, notify medical examin	ner) PM.	19		
ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death etained by the hospital or attending physician. CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and should be detached for use as the burial, cremation, arremaval, and in any event, within 72 hours after death in the State Dept. of Health priar to burial, cremation, arremaval, and in any event, within 72 hours after death	2	21d. INJURY OCCURRED 21e. While \(\tau_1 \) Not while \(\tau_2 \)	PLACE OF INJURY (AT HOME, FARM, STREET, I OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATION Street or R.F.D. No	z. City or Town	County State
te D		While Not while at work			11 10 (6.10	1) 1 (1) () ()
by by Sta	Ĺ	22a. I certify that (I) (IM	is hospital) attended the decea live an 11-2-1-69	sed fram 7 7 7 7 19	inian death accurred an the de	, that (i) (4 ve) last
TEN The did	П	causes stated above	e, (I) (we) (did) (did nat) view th	e bady after death.	illian acam accamea an me a	are and hadrand manifile
F S S S S S S S S S S S S S S S S S S S	П	22b. SIGNATURE		APPENDING.		DATE SIGNED
OR be red w	1	7. W. +	enter 1		MED STAFF DIRECTOR PHYS.	113-12
ral cay	1	22d. PHYSICIAN'S		22e ADDRESS	11 1 10 1	
SPII 4 m MERA or,		NAME (Type) C	W. Peake M.D.	75081	Freehord Fed	Brilla Med.
Page 4 may be retained by the haspital or attending physician. Constitution of the properties of the death certificate be executed within 24 hours after any be retained by the haspital or attending physician. Constitution of the physician of completely filled in by the fur director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 should be filled with the State Dept. of Health priar to burial, cremation, arremayal, and in any event, within 72 hours after the should be filled with the State Dept. of Health priar to burial, cremation, arremayal, and in any event, within 72 hours after the should be filled with the State Dept.	230	BURIAL, CREMATION, 23b.	DATE 23c. NAME O	F CEMETERY OR CREMATORY	23d. (OCATION (City or Town)	(County) (State)
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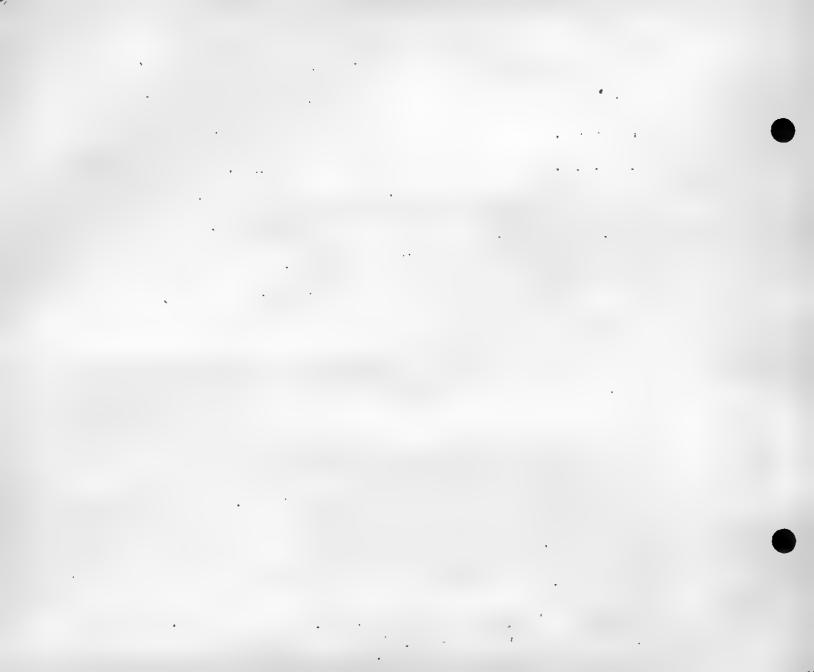
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MAKYLAND STATE DEPAKIMENT OF HEALTH



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and 2 and 2 death.		CEASED-NAME First YPO OF PRINT) Benja	Middle	HAR	TEN 20.	DATE OF DEATH (2) Day	Year 68 10 1 X
the region of a street of a st	3 \$	x Male	4. RACE White	S. DATE (OF BIRTH	6. AGE (In years lost birthday) YRS.	NONTHS DAYS HOURS MIN.
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within within bon poly within		Balto. Co.	11. NAME OF HOSPITAL OR IN	STITUTION (If not in haspi	tal 12a USUAL OCC during most of Lnsp.	UPATION (Kind of work done working life, even if retired) RIREVETE CO	126 KIND OF BUSINESS OR INDUSTRY POET & Bras
physicion and completely en pleose remove carbor oval, and in ony event, wi	adm	ssion) STATE Md.	lived, if institution. Residence before	Baltimore	34 INSIDE CITY LIMITS? YES NO	13e STREET AND NUMBER 4103 Glen	Park Rd.
be exc n and c se remodinon)		ATHER'S NAME First George H	Middle lost	Man	's Maiden Name First rgaret Ell	.icott Middle	last
rtificate ohysicio en pleo: val, an	160	WAS DECEASED EVER IN U.S. ARME es, no, or unknown) (If yes give wor	D FORCES? 16b. SOCIAL SECURITY 215 - 10 - 0 - 7	NO 17 INFORMAN	king Gras	ce Stale Flo	epilal.
that the death con. by the attending ronsit permit. The cremation, or rem		PART 1 DEATH WAS CAUSED	ONE COUSE PER line for (o), (b), ond (c) BY. E CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	ionia (R	ght loue	. loles.)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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IAN: The	MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, nat.fy medical examine	HOUR A.M. Month Doy Year P.M.	21c. HOW INJURY		e of injury in Part 1 ar Port 2,	Item 18)
JING PHYSIC by the hospit frer this certil be detached State Dept. of	W	ot work of work	NACE OF INJURY (AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.		•	City or Town	County State
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PITAL OR ATI may be retoi RAL DIRECTO 7, page 3 sho I be filed with		22d PHYSICIAN'S NAME (Type)	NEED SMEETS 1	DEGREE PHY	ENDING MED. S. DIRECTO	C STAFF KZ	DATE SIGNED
ro Hospital Page 4 may ro Funeral (director, pog	230	BURIAL, CREMATION, 23b D. REMOVAL (Specify) DUTIAL 1		CEMETERY OR CREMATO ns of Fai		LOCATION (City or Town) Balto.	(County) (State)
VR A13 4 30M REV. 68	計		feld Home-6500		250. REC'D BY REG		



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06399 CERTIFICATE OF DEATH 00397 DECEASED NAME First Middle Lost 2a DATE OF DEATH 2b HOUR and 2 requires that the death certificate be executed within 24 hours after death by the funeral Pages 1 and 寄命 (Type or print) E HARTMAN Menth Marv January popers. Pages 1 thin 72 houseather b. SEX 4. RACE IF LINDER LYFAR S. DATE OF BIRTH 6. AGE (In years RE LINDER 24 HRS HOURS female white 4-22-3-98 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED T NEVER MARRIED country) Penn Baltimore U. S.A. WIDOWED Y DIVORCED [10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR give streeSaldress Josephs Hospital during most of working life, even if retired) INDUSTRY Baltimore event, wit Housewife at home 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 136 CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATEPenn Westmoreland Scottdale 101 Delaware Ave. YES NO 🖂 burial, cremotion, or removal, and in any 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Middle Lost Charles Burkhardt Jessie Balslev Address Scottdale, Pa 16b SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no, or unknown) Mr. Jeff Hartman 101 Delawre Ave none APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY.

Cerebrovas

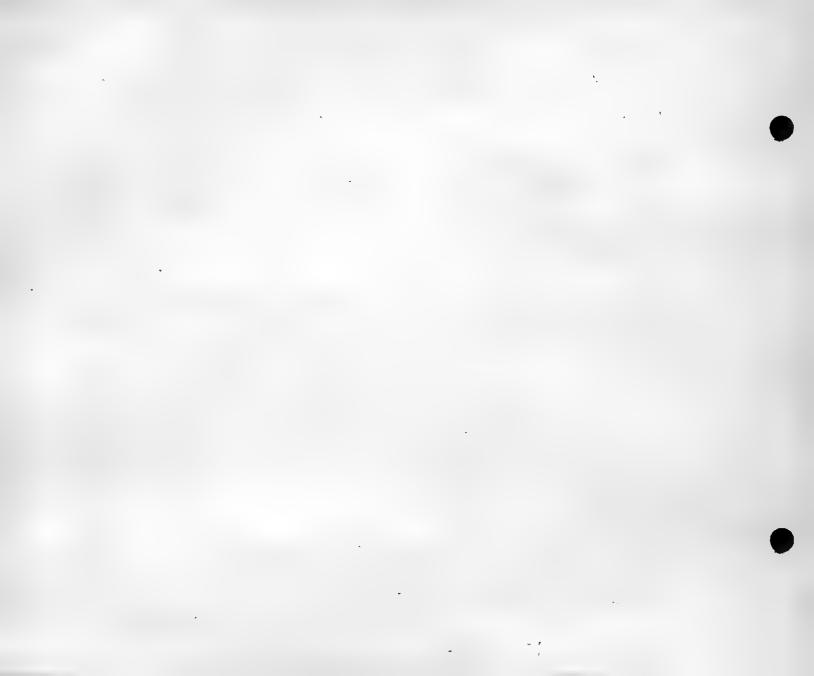
IMMEDIATE CAUSE (a) BETWEEN DINSET AND DEATH Cerebrovascular thrombosis DUE TO, OR AS A CONSEQUENCE OF Pulmonary edema signed by the burial-transit p Conditions, if any, which gave) nse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse Eventual heart failure PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been the 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES [NO.K 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) Į. DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. Ma. State City or Town County While Not while at work 22a I certify that (I) (this haspital) attended the deceased fram January 11968, to January 13968, that (I) (we) las saw the deceased alive an January 13 1968, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (d.d.na) view the body after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING MED. DIRECTOR STAFF 1-13-68 DEGREE director, poge should be filed ADDRESS DOOR Road, Towson, Md. 21204 22d. PHYSICIAN'S Jaime M. Punzalon NAME (Type) 23d LOCATION (City or Town) 230. BURIAL, CREMATION. 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) 1-16-1968 Scottdale Pennsylvania REGISTRAR 25b. REGISTRAR'S STENATURE Scottdale 24. FUNERAL DIRECTOR ADDRESS 2So REC'D BY REGISTRAR Charles VR A15 (4) DATEJAN 19 1968 Lilly & Zeiler Inc. 1901-07 Eastern Ave. 30M REV 1/68

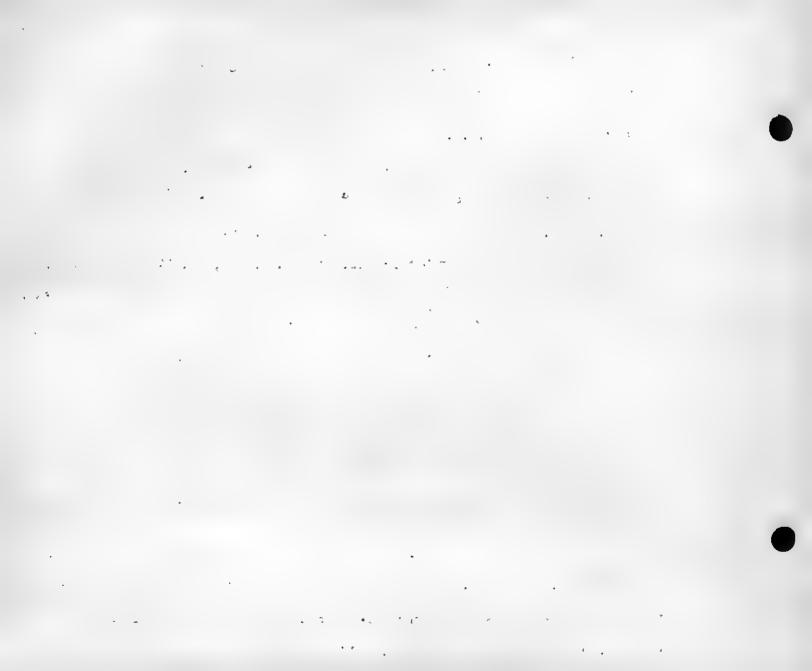
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE	MEDICAL EXAMINER'S CERTIFICATE	OF DEATH	00333
HEALTH DEPT.		(Where deceased lived, if institution Reside	ence befare odm ssion)
5 A B	o. COUNTY Bolton o. STATE Do	b. COUNTY	- //
¥ E \E	b. CITY OR TOWN (If outside corporate limits. I c LENGTH OF STAY IN 16 C. CITY OR TOWN (IF	outside corporate limits, write RURAL and gr	ve negrest lown)
f any datay	write RURAL grid give nearest town)		,
Por por	d NAME OF HOSPITAL OR THIST TUTTON (If not in hospital, give street address) d STREET ADDRESS	ers Beech	e IS RESIDENCE
es 1, form form	Bilto G. Cen Hosa. N-S-	Addres	ON_A_FARM?
th for total			YES NO K
after deoth to a Give Poges along with for with the Stote n.	DECEASED A	OF Month	Doy Year
Sive ng h th	(Type or print) S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH	UEAIN //	R I YEAR IF UNDER 24 HRS.
* 4 E .	M W WIDOWED D VORCED X 3/27/21	last b rthday) Months	Doys Hours Min
24 hours of them 18 er's Office of the lond 2 wolfer deoth	WINDHIE DYOKELD	te or foreign country) 12 (ITIZEN OF WHAT
the life of lor	during most of working life, even if retired) INDUSTRY		OUNTRY? USA
	13 FATHER'S NAME , 14 MOTHER'S MA DEI		
within pencil komine ile pagi		LLA KARSLEY	
- 63 L .	15 WAS DECEASED EYER IN U.S. ARMED FORCES? 16 SOC ALL SECURITY NO 17 INFORMANT	Address	W. Beach
be executed within "pending in pencil ef Medical Exominions! permit File pagents within 72 hours	(Yes no or link nown) (Il yes give wor or dotes of service) un line rem Brother.	Herbert Horver	134 /
with with	V18 CAUSE OF DEATH (Enter any one cause per tre for (o) (b) and (c))		INTERVAL BETWEEN
should be elle word "per of the Chief" burnal-transit any event	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Crush dryin Chas	1	ONSEL AND DEATH
word word the Ch	916× DUE TO		
shoud e word the C crral-tr any ev	Conditions, if any, which gave) (b)		
	rise to immediate couse (a). Storing the underlying couse DUE TO		
firot ing rded as c ond	lost. 9 / 0 3 (c)		
s certificate e, writing th forworded t forwords, ond it	PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM. WAL DISEASE CO	OND.T.ON GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
this cate, the former of the cate, the cate of the cat	E Carlio. Vas aulas disease		YES NO
EXAMINER: This certificate, writing 4 should be forword your files. Page 3 should be used cremotion, or removal,	Con Quo Vos aula Que 200 EXTERNAL CAUSE WAS PRIMARY PO OF CONTRIBUTING COUSE & Set Ween Que 200 DESCRIBE HOW INJURY OCCURRED (Enter not size of injury)	n Part I or Port II of rem 18)	mi11
NER: T certification hould by the standard on, or re			6-4-3
All Ships	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e P. ACE OF INJURY (Home for While Not While Odorov Ares of Called 1)	20f (City or town)	dante // (Stote)
EXAMINER: ute the cert age 4 should your files. Page 3 shou cremotion, o	While of work of work of work of work of twork	owings	MINS M
Page 1	21. I certify that I taak charge of the remains described above, held an Autapsy	, Inspection , Inquiry ,	and in my opinion
MEDICAL Presses exect director Postained for DIRECTOR: 10 buriol, of the DIRECTOR:	deoth resulted fram: Natural causes 🔲, Accident 🗷 Suicide 🔲, Hamicid	de 🔲, - Undetermined manner 🛭	
MEDICA prease el director retained DIRECTOR	ACTUAL	AL EXAMINER	22. DATE SIGNED
JTY MEDIC, ry, please e erol director be retained RAL DIRECT prior to bur	SIGNATURE ASS STANT M	ED CAL EXAM NER	Der en G
essary, t funeral ay be r JNERAL	Committee 2	ICAL EXAMINER A	K 10
TO DEPUTY MED necessary, piedss the funeral direct S may be retain TO FUNERAL DIRE Health prior to be	230 BURIAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OF CREMATION	23d LOCATION (City or Town)	(Couply) (Stote)
5 <u> </u>	REMOVA. (Spec fy) 1-27-68 HOLLY WOOD	HARRINGTOI	
ham a hiradir att	24. EUNERAL DIRECTOR 2 8728 LADRESKTY ROAD: 250 BE	AD BY ACCUTRATES BEGISTRAR'S	
VR A 15ME (5) 6M 1/67	LORING DYERS - RANDALLS TOWN DATE	AN 43 1300 F	0 0





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00399 I. DECEASED NAME First M. ddie Last 2a. DATE OF DEATH 26 HOUR 24-hours after death (Type or print) Elizabeth Lula Heaps 68 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR 3. SEX 6 AGE (In years DAYS fost birthdoy) MONTHS HOLIRS 12/16/18 Female White 49 70. BIRTHPLACE (State or fore.an 75 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED (NEVER MARRIED 5 Allegany USA (By birth) WIDOWED [DIVORCED [Baltimore burial, cremation, ar remaval, and in any event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120 USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR requires that the death certificate be executed within Ξ during most of working life, even if retired.)
dependent give street oddress) INDUSTRY remave carban Owings Mills, Md. Rosewood none 13a USUAL RESIDENCE (Where deceased lived if institution: Residence before \$13c, CITY OR TOWN 13e. STREET AND NUMBER 13b COUNTY Allegany edmission) STATE YES NO T Cumberland 124 South Street 14 FATHER'S NAME First Middle Last 15 MOTHER'S MAIDEN NAME First Middle Thomas Mortimer Heaps Pleasant Lula Barns 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? IAb. SOCIAL SECURITY NO 17. INFORMANT Address [It yes give war or dates at service) Yes no or unknown) Rosewood Records Owings Mills. Md. none APAROX MATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), (and (c),)/ PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) permit. DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if any, which gave rise to immediate couse (a) DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN CART 1(c) as the has been prior to 20b IF MES, WE'VE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 20a AUTOPSY? CAUSES OF DEATH? NO [YES IK J FUNERAL DIRECTOR: After this certificate had director, page 3 should be detached for use should be filled with the State Dept of Health Page 4 may be retained by the haspital or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR AM. Month Doy Year (If either, notify medical examiner) PM (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21a. PLACE OF INJURY City or Town County State While Not while of work 22a. I certify that \$\psi\$ (this haspital) attended the deceased from 2/27 , 19_30 , ta 1/14 , 19_68 , that \$\psi\$ (we) last saw the deceased alive an 2/14 , 1968 , and that in \$\pi\$(0) (our) apinian death accurred an the date and haur and from the causes states above, (i) (we (d.d) ded pote view the bady after death 22b/SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR 1/15/68 DEGREE PHYS 22e, ADDRESS 22d, PHYSICIAN'S NAME (Type) Richard A. Jones, M.D. Rosewood St. Hosp., Owings Mills, Md. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23o. BURIAL CREMATION 23b. DATE REMOVA (Specify Mt. Herman Cemetery Cumberland Allegany Md. lan. 0 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md. DATE

MARYLAND STATE DEPARTMENT OF HEALTH



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R SIGNIFICANT CONDITIONS CONTRIBUTING 1	O DEATH BUT NOT RELATED TO THE TERMINA	DISEASE OR CONDITION GIVEN IN PART 1(a)	
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he deceased alive an Lee	19 2, and that in (m	y) (our) apinian death accurred an the	date and haur and fram the
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E /3 110 ()	ATTENDIT	NG 🗁 MED. 🗂 STAFF 🗂	C. DATE SIGNED
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FOR STATE	1	06403	MEDICAL EXAMINER'S		0.0	401
HEALTH DEPT		ECEASED-NAME Frst (ype or Print)	Middle	Last	2a DATE KNOWN Month De	
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ny delay .s 2, and 3 to PM3. Page	3 2	Male White 5	DATE OF BIRTH 6. AGE (n year last birthday) 7/20/1926 41	MONTHS DAYS HOURS ANN.	20 DATE PRONOUNCED DEAD Month Jan. Day 6,	Year 1968 1:00 P
farm Ph	7o cour	BIRTHPLACE (State or foreign 76 CIT	1	MARRIED NEVER MARRIED 7. COL	INTY OF DEATH BALTIMORE	Md
fer death Give Pages 1, ang with farm ith the State De ith.	10 (TO KLOWN OF DEATH	11 NAME OF HOSPITAL OR INSTITUTE OF THE PROPERTY OF THE PROPER	ON (If not in hospital 12a USUAL OC T Bakland	CCUPATION (Kind of work done 12 f warking ite, even 'f retired') IN	b KIND OF BUSINESS OR DUSTRY
hin 24 hours after death only delay in them 18. Give Pages 1, 2, and 3 miner s Office along with farm PM3. Proges I and 2 with the State Department hours after death.		USUAL RES DENCE (Where deceased varies an) STATE 13t	ed, I institut an Residence befare 135		13e STREET AND NUMBER	Hazur shipe
24 hours in Item 1 rs Office es Land 2	14. 1	ATHER'S NAME First	Middle Last	IS MOTHER'S MAIDEN NAME First	Middle	Last
24 in 11 ir 11 ir 24 es 1 es 1 er 2 er 2 er 3 e		Kubtn	OINK HENRY		nknown.	
I w thin 24 in pencil in Examiner s Examiner s File pages		WAS DECEASED EVER IN U.S. ARMED FORCES es, no, or unknown)	166. SOCIAL SECURITY NO / 10001 SOUTH 210-16-3875	Lang ford F. H	me. Deland,	F/a.
cuted in a line of the order of		18. CAUSE OF DEATH (Enter only one PART I, DEATH WAS CAUSED BY IMMEDIATE CA	cause per line for (a), (b), and (c).) USE (o) Pending	Cranincerebral In	juries	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
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	W	21d INJURY OCCURRED 21e. PLACE foctory.	OF INJURY (At home, form, street, office building, etc.) A LONG Pa	21f. LOCATION Street or R.F.D. No.	•	County State
AL EXA execute rr Page I far ya TOR: Pag			harge of the remains described abo		spection . Inquiry .	and in my opinion
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TO DEPU necessar the fune 5 may b TO FUNER	230	PSUR (a. 1 1/1	3/68 Megner	la Gendens	Deland, Fl	aunty) (State)
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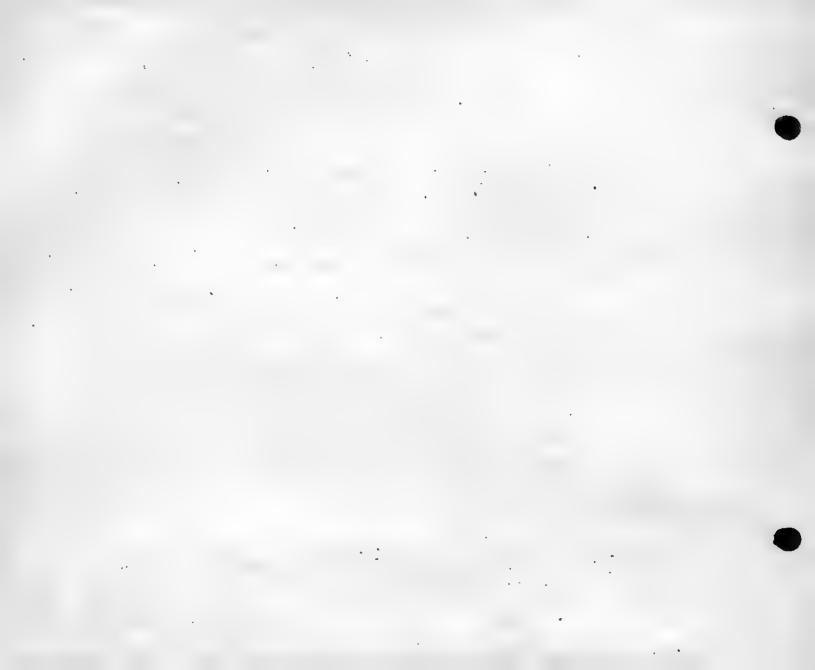
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V	T+	em 13e Film G396 1/18/68 kk CEPTIFICATE OF DEATH
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S. Pour	70	BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
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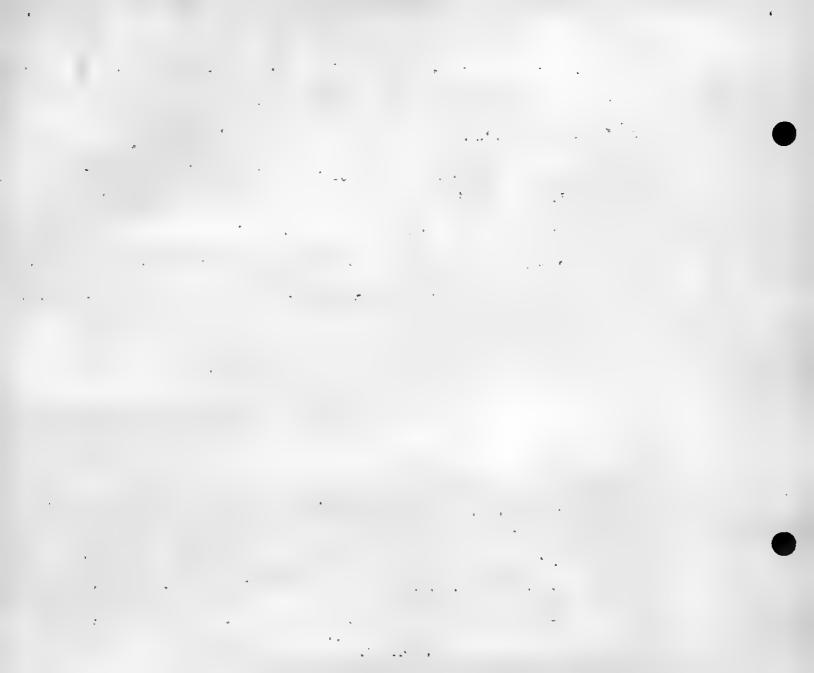
	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		00406 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00404
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1 0 0 0 TO TO TO TO	3 5	Harry A. Al Se DEATH MATED Wan.	23, 186 6 P.M
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farm farm	2	Altimore Md. U.S.A. WIDOWED DIVORCED Baltimor	e Md
INER: This certificate should be executed within 24 hours after death be certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, should be farwarded to the Chief Medical Examiner's Office along with farm files. 3 should be used as a burial-transit permit. File pages land 2 with the State Denation, or remayal, and in any event within 72 hours after death	10.	11 NAME OF HOSP TAL OR INSTITUTION (If not in nospital 120 USUAL OCCUPAT ON (Kind of work done during the object of working the even if relised)	125 KIND OF BUSINESS OR
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olecto directo DIREC		ACTUAL CHIEF MEDICAL EXAMINER	7
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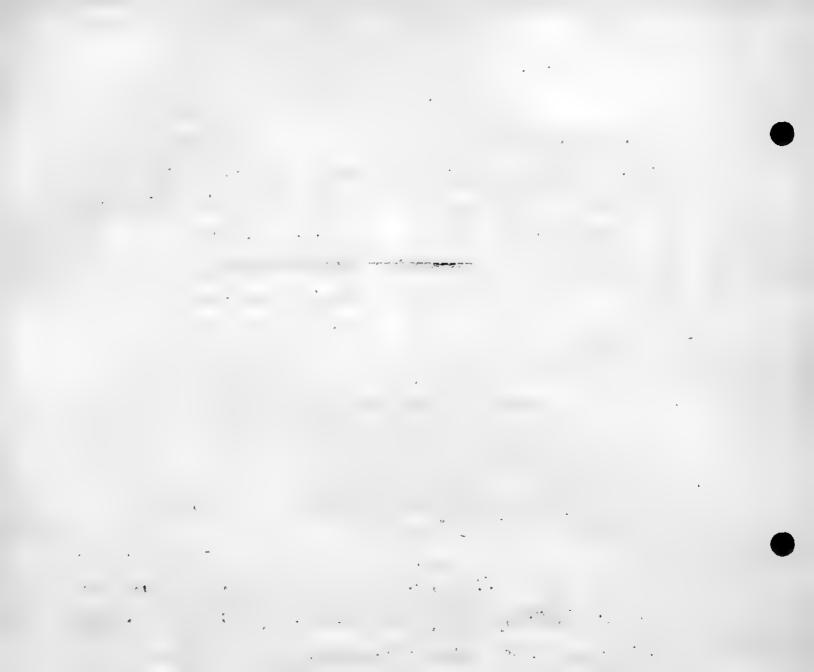


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The low requires that the death certificate be executed within 24 hours oftending physician. has been signed by the attending physician and completely filled interprete as the burial-transit permit. Then please remove carbon papers. Post the prior to burial, cremation, or removal, and in any event, within 72 transit.		APPROXIMATE NYTERVA. BETWEEN ONSET AND DEATH OUE TO, OR AS A CONSEQUENCE OF (b) APPROXIMATE NYTERVA. BETWEEN ONSET AND DEATH OUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF OUE TO, OR AS A CONSEQUENCE OF (c)
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= 5 € 5 €	MEDICAL CERTIF	TES NO CACCIDENT WAS UNDERLYING 215. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 19
G PHYSIC the hospi this certi detached te Dept. of	ME	21d INJURY OCCURRED While Not while of work OFFICE BUILDING, ETC 21f. LOCATION Street or R.F.D. No. City or Town County Stote
DIN d by Affer d be e State		22a. I certify that (1) (this hospital) attended the deceased fram 10-9, 19.7, to 1-1; 19.62, that (1) (we) last saw the deceased alive on 19.62, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death.
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the		22b. SIGNATURE DEGREE ATTENDING DIRECTOR STAFF DIRECTOR
TO HOSPITAL Page 4 moy TO FUNERAL director, pog should be fi		NAME (Type) William Newcomer, M.D. Mount Wilson State Hospital
TO HC Page To Fu	_	BURIAL CREMATION, 23b. DATE 1 25 68 23c NAME OF CREMETERY OR CREMATORY County (County) (Stote) REMOVE Superior 1 23d 10 (City or Town) (County) (Stote) FUNERAL DIRECTOR TUCK Funeral Home ADDRESS 225c, REC'D BY REGISTRAR 25b, REGISTRAR (SIGNALIFIE (1))
VR A15 (4) 3 30M REV. 1/68	2	FUNERAL DIRECTOR TRUCK Funeral Home ADDRESS. 256. REC'D BY REGISTRAR 256. REGISTRAR SIGNATURE JAN 19 1968

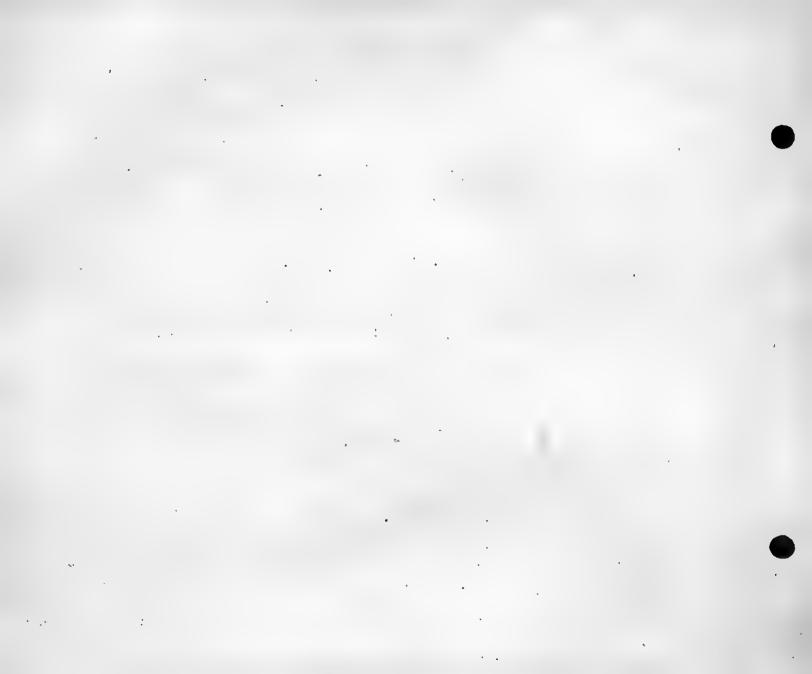


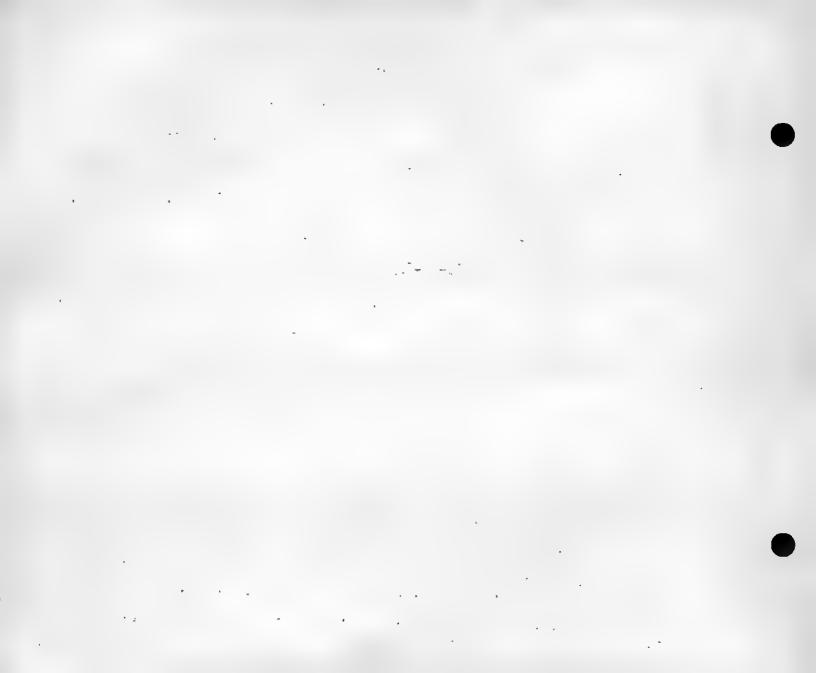


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 (1) 00410 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR 1 Month 24 hours after death (Type or print) Year Alice Sheridan Hoop 68 10:314 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years ÖAYS lost birthday) MONTHS HOURS F 11/18/83 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED Mt. Savage, WIDOWED TY DIVORCED [USA Baltimore pap 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in bospital 12a USUAL OCCUPATION (Kind of work done 25 KIND OF BUSINESS OR law requires that the death certificate be executed within Stella Maris Hospice during most of working life, even if retired) Nurse-Registred INDUSTRY signed by the attending physician and completely f burial-transit permit. Then please remove carbon Towson Hospital ar removal, and in any event, 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before) 13c, CITY OR TOWN 13e, STREET AND NUMBER admission) STATEMO 13b COUNTY Baltimore NO F 404 Bretton Place 14 FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle John Sheridan Margaret Callaghan 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b SOCIAL SECURITY NO Address Yes no ar unknawn) (II yes give war or dates of service) Hospice records APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) crematian, 100,1 DUE TO, OR AS A CONSEQUÊNCE OF Canditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the O FUNERAL DIRECTOR: After this certificate has been 422 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 19g. DATE OF OPERATION CAUSES OF DEATH? HO □X YES 🔲 for use 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 218. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21F LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at work 22a. I certify that (1) (this hospital) attended the deceased from 11/15/67, 19, to 1/29/68, 19, sow the deceased olive on 1/20/00, 19, ond that in (my) (our) opinion death accurred on the data sow the deceosed olive on. and that in (my) (our) opinion death occurred on the date and hour and from the Page 4 may be retained causes stoted abave, (1) (we) (did) (did nat) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR 1/29/68 director, page 3 should be filed v DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S Robert J. Mahon, M.D. Towson 204 E. Joppa Rd., NAME (Type) 230 BURIAL CREMATION 235 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) FEB. 1, 1968 Lorraine Mausoleum Woodlawn, Maryland ENTROMOSMODENTY 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR VR A15 (4) Wm. Cook-Brooks Towson, 1050 York Rd., Towson 30M REV 1/68 DATE



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	de de la		CEASED-NAME First	N	Middle	,	lost oover	2a. DATE OF DEATH Month	Day 6 Stear 2	b. HOUR
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	couted within 24 haurs afti completely filled in by the lave carban papers. Pages y event, within 72 hyars afti		BIRTHPLACE (State or foreign ntry)	7b. CITIZEN OF WH	HAT COUNTRY?	8. MARRIED 11 WIDOWED 1	NEVER MARRIED DIVORCED DIVORCED	134 Hine	Re	Md.
	ed within Spetely fille carban palent, within	12	TITY OR TOWN OF DEATH	give;	AME OF HOSPITAL OR INST	ITUTION (If not in		L OCCLPATION (Kind of work	red.) INDUSTRY	IESS OR MCa
	completions completing confidence	odn	JSUAL RESIDENCE (Where decea issian) STATE	sed lived, if institut 13b. COUNTY	an. Res dence befare	BA/TA	KORRE YES NO	1 3404 V	Illon ST	<u>/-</u> _
	be execut n and comi se remave d in any ev	- 14.	FATHER S NAME First	∑ Middle	Last		OTHER'S MAIDEN NAME FI	rst 🗲 Mid	dle Lo	tst
	physician please aval, and i	160	WAS DECEASED EVER IN U.S. AR. 'es, na, acu ekonwn) (If yes give	MED FORCES? wer or dates of service)	3/6-09-7	7/2 M	RMANT 1ARGAR-	ef Hoov Fil		u S
	law requires that the death certificate be executed within I adding physician. been signed by the attending physician and completely fillers the burial-transit permit. Then please remaye carban pal for to burial, crematian, ar remayal, and in any event, within			ily one couse per lir D BY: ATE CAUSE (o)	ne for (a), (b), and (c).)	ex O	c chusio	N	APPROXIMATE IN BETWEEN ONSET A	ITERVA. ND DEATH
	tt the atternation,		410,7 Canditians, if any, which gave rise to immediate cause (a),		AS A CONSEQUENCE OF	il ENOUTE	CARDIO	VASCUHAR DI	15-10VI	rs
	equires that the physician. Signed by the burial-transit burial, cremai		stating the underlying cause last.	(c)	AS A CONSEQUENCE OF					
	w required by signification by the pure transfer of transfer of transfer of transfer of trans	NO	PART 2 OTHER SIGNIFICANT CO							
	The latter after that see as	CERTIFICATION			ICH OPERATION WAS PER		20c. AUTOPSY? YES NO	CAUSES OF DEATH?	INGS CONSIDERED IN CERTIFY	/ING
	日後海田市	MEDICAL CE	210 ACCIDENT WAS UNDERLY!S OR CONTRIBUTING CAUSE OF DEA (If either, notify medical exam	TH HOUR A.M. ner) P.M.	Month Doy Yeor			nature of injury in Part 1 or P	'art 2, Item 18.)	
	this this detacted	×	While Not while at work at work				ON Street or R.F.D No.	City or Town	County	State
_	TENDING ined by th OR: After th ould be de		22o. I certify that (I) (the saw the deceased consession causes stated above	is hospitol) ofte live on	ended the decease (did not) view the h	from	//	nion deoth occurred on t	, 19 , that (I) he dote and hour and	(we) lost from the
	R Ai refc		226 SIGNATURE,	I A	Ans N	DEGREE	ATTENDING ME	ED STAFF PHYS.	22c DATE SIGNED	
	O HOSPITAL OR Page 4 may be O FUNERAL DIR director, page 3 should be filled		22d. PHYSICIAN'S NAME (Type) DR	83. HI	LHSTF.	in	22e. ADDRESS () 14	(hHhAMD	BAKO, MA	2/224
	TO HOSPITAL Page 4 may TO FUNERAL I director, pag shauld be fill	L	BURIAL CREMATION, REMOVAL (Specify) 23b	DATE -5-68	OAK	EMETERY OR CRE	MATORY	23d LOCATION ICITY OF TOWN	(County) (St	rate)
	30M REV TO BE	24.	FUNERAL DIRECTOR	fur	ADDRESS AS 191	3218	SOU DATE	VI 5 1968 F	Clientes Judy	ut.

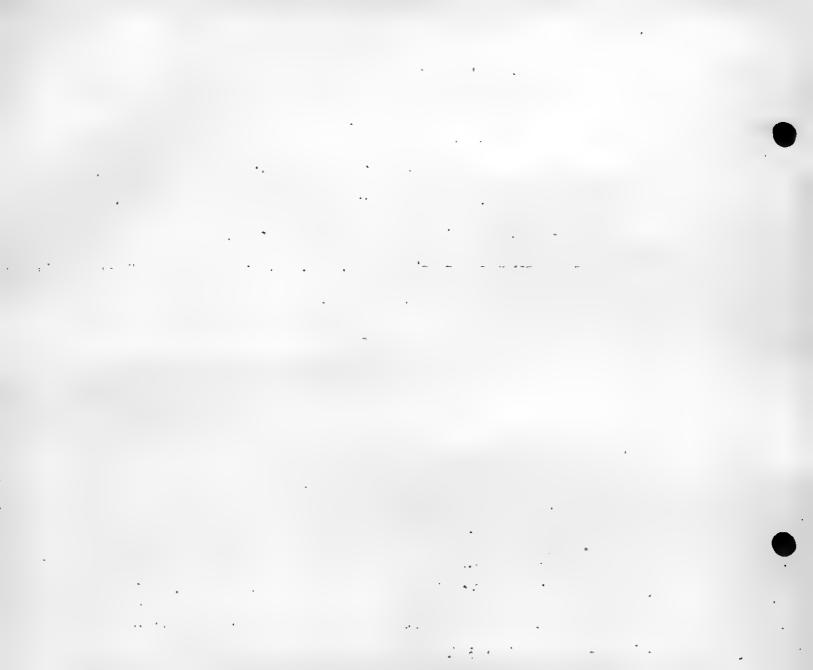




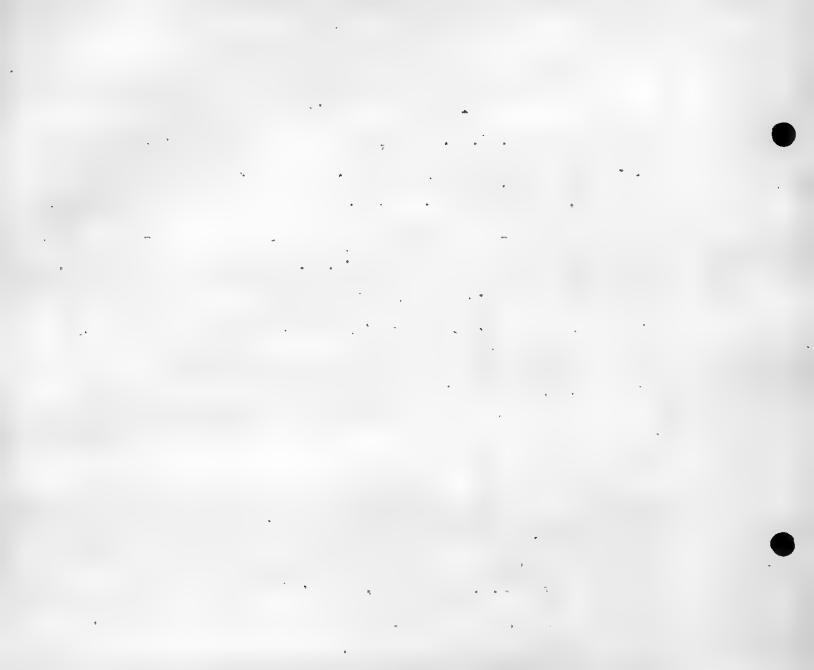


11-	61 n	11			D STATE DEPARTMENT OF		
	1	/	00415		301 W. PRESTON STREET, BALT ERTIFICATE OF DEATH	IMORE, MARYLAND 21201	00413
	Carri	1	DECEASED-NAME First	Middle	Last	2a. DATE OF DEATH	2b HOUR
	ਰ ਰਿਭ ਤੋਂ		Tumo or prints			Manth Day	0 68 7:20P M
	P 25-8		WILLI		HUGHES	JANUARY 1	F JNDER I YEAR I IF JNDER 24 HRS
	ifter es offe	3		4. RACE	S. DATE OF BIRTH	6 AGE (In years Last birthday) 52 YRS	MONTHS DAYS HOURS MIN
	rs of the Page	_	MALE	NEGRO	MARCH 7, 191		
	hau S. hau	Za ca	BIRTHPLACE (State or foreign 7 intry)	b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	24 I	\mathbb{M}	ARYLAND	U.S.A.	WIDOWED DIVORCED	BALTIMORE COUNTY	
	in 24 filled pape thin 73	- 1	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS	TITUTION (If not in haspital 12a USU	AL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
	with ban will		ORT HOWARD	VET ADM HO	SPITAL TABOR	est of working life even if refired) ER, SANITATION DE	TT. BALTO, MD.
	ed plet	130	USUAL RESIDENCE (Where deceased nissian) STATE	lived, if institution Residence before	13c CITY OR TOWN 13d INSIDE CITY		
	aml	ud.	MARYLAND	BALTTMORE CTT	Y BALTIMORE YES N	0 16 64 E. 25th St	reet.
	exe emc emc emy	14.	FATHER S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME		Lasi
	be ar	1	MAC WARDEN		SOPHRONIA	HUGHES	
	ate icial feas an	16	. WAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SECURITY N	IO. 17 INFORMANT	Address	
	hys rai,	L	Yes, no. or upknown) (II yes ove wor	9(dates of service) 220 14 17	43 CLIN.RECORDS	VA HOSP. FT. HOW	
	The The		18. CAUSE OF DEATH (Enter only	ane cause per line for (a), (b), and (c).			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ath adin it. Ir re		PART I DEATH WAS CAUSED	BY BRONCHOPA	IEUMONIA		
	de de erm		H 3 minebinin	DUE TO, OR AS A CONSEQUENCE OF			
	the c		Canditions, if any, which gave)		LEFT MIDDLE CEREBI	RAT. ARTERY	
		-1	rise to immediate cause (a),	DUE TO, OR AS A CONSEQUENCE OF			
	4 b 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		stating the underlying cause	(4)			
	hys gne gne uria	-	PART 2 OTHER SIGNIFICANT COND	TIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
	PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death ne haspital ar attending physician. This certificate has been signed by the attending physician and completely filled in by the functor this certificate has been signed by the attending physician and completely filled in by the functor this certificate has been signed by the attending physician and completely filled in by the functor the functor of the functo	1_	APPERTORAL EROPI	C HEART DISEASE.	DIABETES MELLITU		
	din bee the		19g. DATE OF OPERATION 19b. CO	INDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
	iffer inter ids as as as	CERTIFICALON			YES X NO	CAUSES_DE DEATH9	
	te h use use	Í 🗒	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		er nature of injury in Part 1 or Part 2, 1	em 18.)
	for far far far far far far far far far fa			HOUR A.M. Month Day Year			
	Spirit spirit serim sed to a spirit sed to a s	MEDICAL	(If either, natify medical examine	r) P.M. 19		c. City or Town	County State
	PH by he		While Not while at work	OFFICE BUILDING, ETC.	TORY.) 21f. LOCATION Street or R.F.D N	. Chy of Ident	County 51610
	1 + + + 9 + 1 + 1 + 1 + 1 + 1	-1	2.2 1 1.5 1 -1-1 4.1	handal the decom	1/3/68		, that (A) (we) last
	Afte be Ste		sow the deceased ali	haspital) attended the decease	9 and that in 1838/) (our) or	union death occurred on the dat	e and hour and from the
	TEN TEN The The		causes stated abaves	(I) (we) (didachtal most) view the	od fram1/3/00 , 19_9 9, and that in (asy) (our) op bady after death.	mon doon occome on me da	
	e e e e e e e e e e e e e e e e e e e		22b SIGNATURE			22t D	ATE SIGNED 1/11/60
	9d v		02011	West mos	DEGREE PHYS	MED. DIRECTOR D STAFF D	1/11/60
	AL DO		22d PHYSICIAN'S NAME (Type) TOHN D	-	22e. ADDRESS		
	ERA dbe	}	NAME (Type) JOHN D	. TALBERT, M. D.	VAH FOR	r HOWARD, MARYLANI	1
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1/ and 2 shauld be filled with the State Dept. at Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death.	23	BURIAL, CREMATION, 23b DA		CEMETERY OR CREMATORY	23d. LOCATION (City of Town)	(Caunty) (State)
	5 5 5 £ 2	y l	BURTAL (Specty)	14-68 BAI	TIMORE NATIONAL	BALTIMORE, MD.	
	VR A15 (N)	24	FUNERAL DIRECTOR ~	ADDRESS ADDRESS	UNERAL HOME 250 RECD	BY REGISTRAR 40 256 REGISTRARS	SIGNATURE
	30M REV 176	J.L	Elving O. WILSO	MITIZON I.	CAL BYTHINOBE ME	11 T 1 1900 Koo	res Judge
		-		UNITARIO	- 1/2 - 20 - 20 - 10 10 17 12 7 11 11 11 11 11 11 11 11 11 11 11 11 1	·	



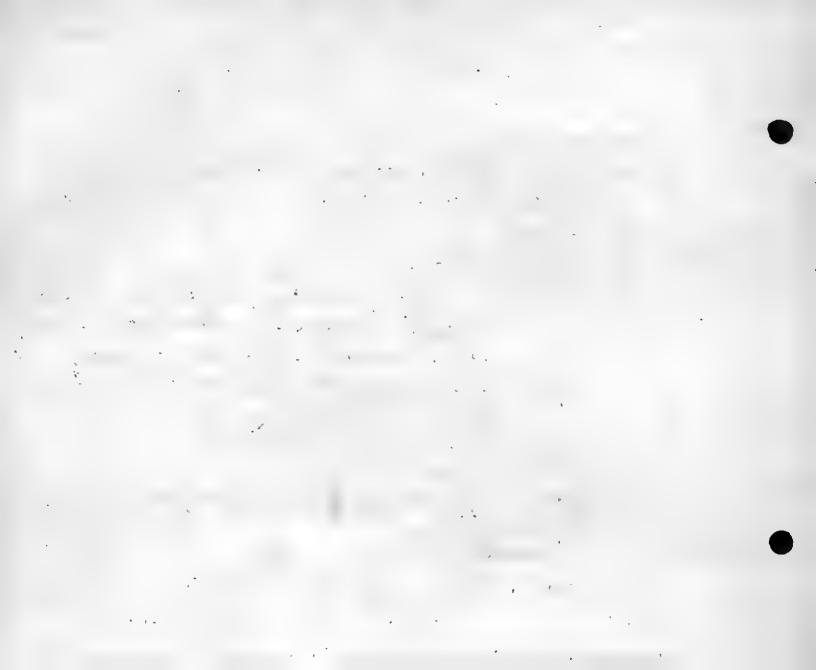


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0641 4 CERTIFICATE OF DEATH 00415 DECEASED NAME First Middle Lost 20. DATE OF DEATH 2b HOUR after death (Type or print) Month ANNA BARBARA 1968 HUSTER 6. AGE (In years EHINDER LYEAR E JADER 24 MRS 3. SEX 4 RACE S. DATE OF BIRTH lost birthdoy) DAYS HOLIES burial, cremation, ar removal, and in any event, within 72 hours aft Female 2/17/1886 White 24 haurs 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED KI NEVER MARRIED please remave carban papers. DIVORCED [Baltimore Maryland
120 USUAL OCCUPATION (Kind of work done 12b, KIND OF BL Maryland U. S. A. WIDOWED [7] the attending physician and completely filled. sit permit. Then please remave carban pape 10 CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b, KIND OF BUSINESS OR requires that the death certificate be executed within give street oddress) during most of working life, even if retired.)
Housewife INDUSTRY Catonsville McTavish Ave. 130 LSUAL RESIDENCE (Where deceased lived, if institution. Residence before. 13c, CITY OR TOWN 13e STREET AND NUMBER odmission) STATE 13b COUNTY Md. Balto. Catonsvil 2 McTavish Avenue 14. FATHER'S NAME 15. MOTHER S MAIDEN NAME First First Middle John Gumpman Anna Shafer 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address [If yes give war or dates of service) Yes, no. or unknown) 2 McTavish None Wm. J. Huster 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Throcordis DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gove) arterosols rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Dept. of Health priar to 20b, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO 14-21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 210, ACCIDENT WAS UNDERLYING 215. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, not fy medical examiner) (AT NOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No 21d. INJURY OCCURRED 21e PLACE OF INJURY City or Town Stote County While Not while of work 22a. I certify that (I) (this hospital) attended the deceased fram / - 21 , 19 50 , ta - 27 , 1965 , that (I) (we) last saw the deceased alive an 1968, and that in (my) (our) apinian death accurred an the date and haur and fram the causes stated abave((1))(we) (did) (did nat) view the bady after death. 22b SIGNATURE 22c DATE SIGNED **ATTENDING** MED DIRECTOR DEGREE PHYS 22e, ADDRESS 22d. PHYSICIAN'S NAME (Type) Wilmer K. Gallager Sr. 6209 nFrederick Avenue 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Store) 230. BURIAL, CREMATION 23b. DATE ((vtruo)) New Cathedral Cemetery Baltimore, Md. 1/30/68 24. FUNERAL DIRECTOR ADDRESS 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) Glen Burnie, Md. Raymond C. Fink DATE JAN 30M REV. 1768



FOR STATEVI	00418 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0416
HEALTH DERL	1. DECEASED NAME (Type or Print) Antonio Iaizzi 20. DATE KNOWN Month Day OF ESTI- DEATH MATED 1/2/	Yeor 2b HOUR
delay	3 SEX	2d HOUR
orm P	70 B.RTHPLACE (Stole or foreign country) Thaty To CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED BALTIMORE. Co	
hours ofter deoth Thy Office olong with form PA I ond 2 with the State Depart ofter death.	10 CITY OR TOWN OF DEATH 11 NAME OF MOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b K	IND OF BUSINESS OR IRY Constructio
s often 18 Gr 9 olong 2 with death.	13a USUAL RES DENCE (Where deceosed lived, if institution Residence before 13k CITY OR TOWN admiss on) STATE Md. 13b COUNTY Balto. Balto. 13d INSIDE CTY LIMITS? 13e STREET AND NUMBER 726 Coleridge Rd.	
	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Felice Iaizzi Incoronata?	Lost
d be executed within 24 had "pending" in pending. In the Chief Medical Examiner's O transit permit. File pages Ic y event within 72 haurs of	16b WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (III yes give wor or doles of service) 16b SOCIAL SECURITY NO. 218-03-7859 17. INFORMANT ADDRESS Josephine Taizzi(Wife) 926 Colerid	
xecuted and infinition of the second in Medical Experiment Francis in within		APPROX MATE INTERVAL DETWEEN ONSE AND DEATH
be executed "pending" in hief Medical E ansit permit F event within	Canditions, if any, which gave rise to immediate couse (o), (b)	
woll he id-	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
is certificate she, writing the forwarded to to the used as a bur removal, and in	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE OR CONDITION GIVEN IN PART I(0)	
	WAS PERFORMED?	20. AUTOPSY? YES NO
in the factor of	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
= 5 2 ± 5 5	WHILE NOT WHILE factory, affice building, etc.)	inty State
At Page 1	22a. 1 certify that I taak charge of the remains described above, held an Autopsy, Inspection Z, Inquiry, death resulted fram: Natural causes Z, Accident, Suicide, Hamicide, Undetermined manner	and in my apinia
	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER (226. DATE SIGNE) ACTUAL SIGNATURE (226. DATE SIGNE)	~ ^
DEPU ecessor te fune moy t FUNE eolth	EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, town, or county) SALSO MAN	21227
00 g ± 20 E	230 BUR AL (REMAT ON, REMOVAL (Specify) Burial Jan. 21-1968 New Catdral Cemetery ADDRESS 23c NAME OF CEMETERY OR CREMATORY 14300 Frederick Rd. 25d ADDRESS ADDRESS 25d RECTO BY REGISTRAR 250 NAME OF CEMETERY OR CREMATORY 14300 Frederick Rd.	Bal.Md.
VR A15ME 51 10M REV 1/68	24 FUNERA STRECTOR ADDRESS ADDRESS ADDRESS ALIEN 2 3 1868 ALIEN 2 3 1868 ALIEN 2 3 1868 ALIEN 2 3 1868	udge



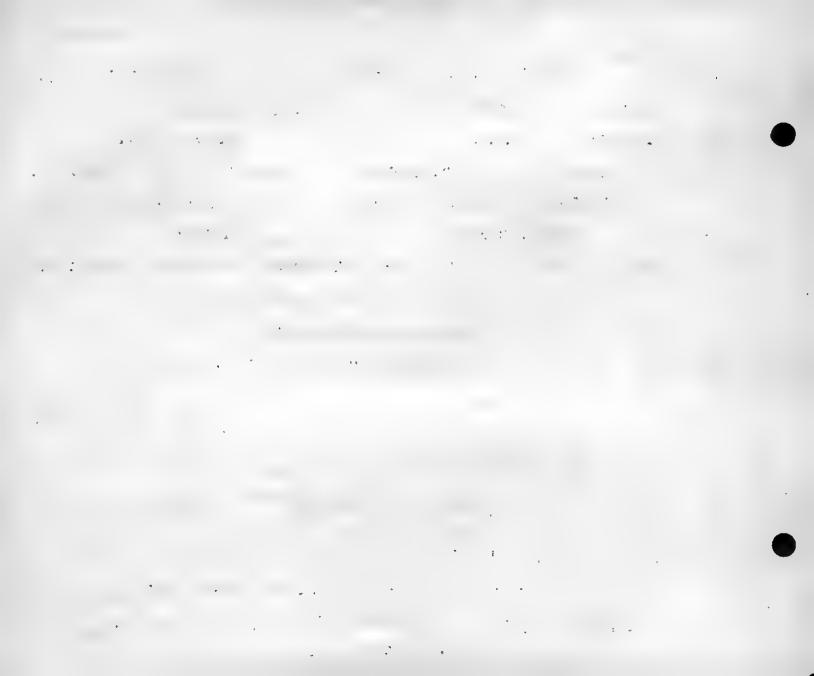


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00420 CERTIFICATE OF DEATH 00415 DECEASED-NAME Lost 2a. DATE OF DEATH 2b. HOUR death. 24 haurs after death ond (Type or print) Month CKSOI AGE (in years 3 SEX S. DATE OF BIRTH last birthdoy) MONTHS HOURS 9 COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED country) BALTIMORE WIDOWED X DIVORCED [1) NAME OF HOSPITAL OR INSTITUTION (If hat in haspital 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (King of work done 126. KIND OF BUSINESS OR during most of working life, even if retired)

HOMEMAKER

INSIDE CITY LIMITS? 13e STREET AND NUMBER INDLSTRY CATONSVILLE as the burial-transit permit. Then please remaye carb prior to burial, cremation, ar remayal, and in any event. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before complet requires that the death certificate be executed admission) STATE 13b COUNTY YES K NO [14, FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle First MICH AEL CATON CONNER 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT EASORSS PHOTO CENTER Yes, no. or unknown? PLAZA -C 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gove) rise to immediate cause (a), DUE TO, OR AS ALCONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO K YES [Page 4 may be retained by the haspital ar this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 18.) OR CONTR BUTING CAUSE OF CEATH HOUR A.M. Month Doy Year director, page 3 shauld be detached shauld be filed with the State Dept. of PM (If either, natify medical examiner) 21d. INJURY OCCURRED AT HOME FARM, STREET FACTORY, 1 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Nat while at work at work ^L 22a. I certify that (I) (this haspital) attended the deceased from 2 19 4 8, and that in (my) (aur) opinion death occurred on the date and hour and from the saw the deceased alive an. O FUNERAL DIRECTOR: couses stated above. (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. PATE SIGNED/ ATTENDING PHYS STAFF PHYS DIRECTOR DEGREE 22e. ADDRESS 22d, PHYSICIAN'S EDE DI CLE NAME (Type) 230. BURIAL, CREMATION,
BREMOVAL Specify) 23d. LOCATION (City or Town) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (County) (State) Md. 1/22/68 Baltimore New Cathedral 24 FUNERAL DIRECTOR ADDRESS REGISTBAR'S SIGNATUR & Sons Co. 30M REV, 1/68 DATE





b 1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		3331/12/2	0420
HEALTH DERTA		DECEASED NAME First Middle Lost 20 DATE KNOWS Month D	Doy Year 2b HOUR 28 1968 M
deloy is 2 Page 1 memor	3 5	SEX 4 RACE S DATE OF BIRTH 6 AGE (n years F under 24 hrs 2c, DATE PRONOUNCED DEAD Months DAYS HOURS Minh	2d HOUR
Par par	78	temale white May 30, 1896 71 VRS. Jan. 28 BRIHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARR ED 9. COUNTY OF DEATH	180 ^r 19 68 M
es 1, form		daryland USA widowed Divorced Baltimore	Md.
24 haurs after death in Item 18. Give Pages 1, r's Office along with form es Land 2 with the State De rs after death	1 6		2b KIND OF BUSINESS OR NDUSTRY
s affect 18. Gin a along 2 with death		a. USUAL RES DENCE (Where deceased lived, if institut on, Residence before 13¢ (ITY OR FOWN odmissian) STATE Md. 13b COUNTY Baltimore (ssex YES NO 1619 Old cast	tern Ave.
	14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Herman Gorschboth Mary A. U.S.	Lsenheimer
within 24 pencil in caminer's le pages 72 haurs		D. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, rig., or unknown) (If yes give wor or dates of service)	
within pencil Examine Examine File pag	-	no 215073142B William Archie Yoynes	APPROXIMATE INTERVAL
scuted ng ' ii dical ermit.		18 CAUSE OF DEATH (Enter only one cause per line for [a], (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CHICAGO CONTROL CONTR	BETWEEN ONSET AND DEATH
be exe "pendi nief Me ansit pe event		Conditions, if any, which gove)	
shauld be e word "pe the Chief unal-transit		rise to immediate cause (a). stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
sha ne w ra th burra f in a		lost. 4 101 (c)	
certificate shautd writing the word irwarded to the Cl used as a burial-tre naval and in any	2	PART 2 OTHER SIGNIF CAN'T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
This certificate, writing the farward to be used to be	CERTIFICATION	19d DATE OF OPERATION 19b COND T ON FOR WHICH OPERATION WAS PERFORMED?	2D. AUTOPSY? YES NO-
Thirtical dipole	MEDICAL CERI		1 18)
至	MEC	21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, while not white at work at work at work) 21f LOCATION Street or R.F.D. No City or Yown	Caunty State
		220. I certify that I taok charge of the remains described above, held an Autopsy . Inspection . Inquiry	and in my apinion
Se exection of the properties		death resulted from: Natural classes Accident , Suicide , Homicide , Undetermined monner	
JIY SIC.		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 22b. DATE SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIG	GNED/ 3 C/ C/
DEPL cessa e fun may FUNE	L	EXAMINER'S NAME (Type) Theodore C. Patterson DEPUTY MEDICAL EXAM NER (Type) ADDRESS(Street, city, town, or county)	1101/08
01 10 14 15 15 15 15 15 15 15 15 15 15 15 15 15	0	wright 1-31-68 Loudon Park Cemetery Baltimore, M.	(ounty) (State)
VR A15ME (5)	24	FUNERAL DIRECTOR ADDRESS ADDRESS 250 RECTO BY REGISTRAR 250 REGISTRARS SIGNARY STATES AND	SNATURE CAMPAGE
18M REV 1/68	1	Leonard J. Ruck, Inc Baltimore, Md. DATE JAN 29 1968 Julian	

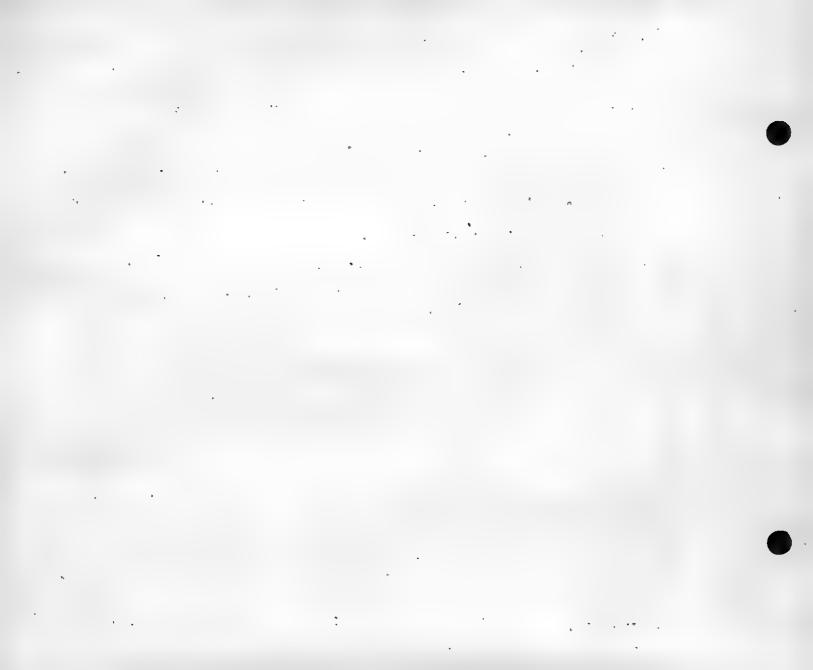


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06423 00421 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 2o. DATE OF DEATH (Type or print) Month NNI Kahmer Irvin anuar 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (in years IF UNCER 1 YEAR after last birthdoy) HOURS Hale Ehite 24 haurs 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED X NEVER MARRIED DIVORCED [Baltimore WIDOWED larrel and attending physician and completely fille permit. Then please remove carbon pa burial, cremation, or removal, and in any event, within 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR requires that the death certificate be executed within give street oddress) during most of walking life even if retired) Randallstown Business 13g. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 13b COUNTY Waldron Pikesville Av -nue 14 FATHER'S NAME First Middle Lost IS, MOTHER'S MAIDEN NAME FIRST Middle Kahmer Brown .Phillip A: na 16b SOCIAL SECURITY NO. 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no, or unknown) (If yes give wer or dates of service) 220-07-2473 Mrs. Grace Kahmer 26 Waldron Ave Balto 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) signed by the attendii burial-transit permit. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave t rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 moy be retoined by the hospital or ottending physician. stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) **10 FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detoched for use as the director, page 3 should be detoched for use as the should be filed with the State Dept, of Health prior to 19a DATE OF OPERATION 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? CAUSES OF DEATH? YES 🔲 HO [21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street of R.F.D. No. State City or Town County While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased from settlement, 1967, ta family (1, 1965, that (1) (we) last saw the deceased alive on from the date and haur and from the causes stated above, (I) (We) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING PHYS MED DIRECTOR Le Alaca MAGGREE 22d PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 230 BURIAL, CREMATION 23b. DAT2 (County) BUTTAL (Specify) Woodlawn Woodlawn Balto Co 25b. REGISTRAR'S SIGNATURE lianeles DATE JAN 2

MARYLAND STATE DEPARTMENT OF HEALTH



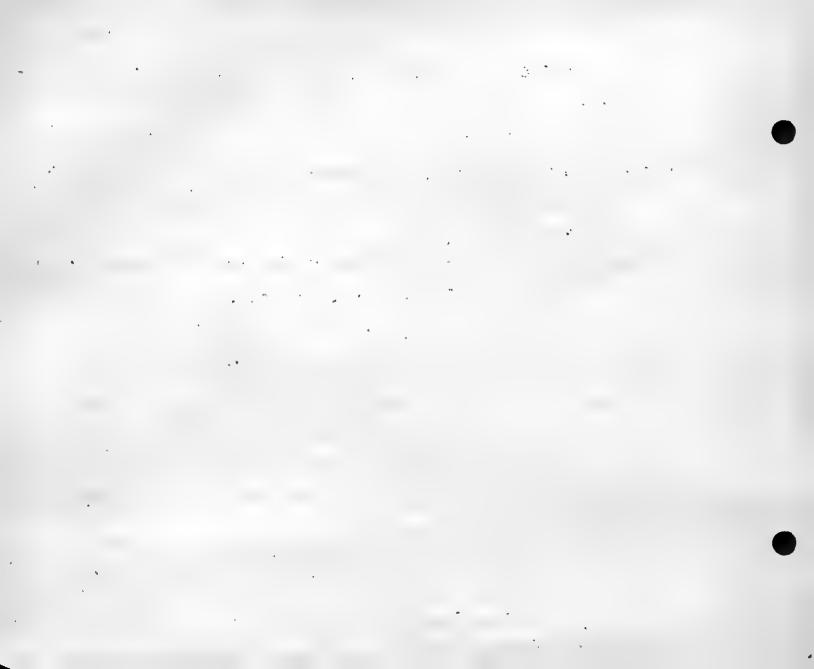
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	Aft Aft e St e St		saw the deceased alive on 7 - 10 - 19 63 and that in (my) (our) opinion death occurred on the da	ite and haur and from the
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00426 00424 CERTIFICATE OF DEATH 1. DECEASED NAME First Middle 2o. DATE OF DEATH 2b. HOUR death. hours after death (Type or print) Month 12:20 M 3 SEX 4. RACE DATE, OF BIRTH 6 AGE (In years F UNDER I YEAR IF LINDER 24 HRS last birthdoy) MONTHS 1 DAYS HOURS YRS 7o. BIRTHPLACE (Stote or foreign 9 COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED X DIVORCED [Md. ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY 143 Coyer oun Home HOUSEWOIK D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplete director, page 3 should be detached far use as the burial-transit permit. Then please remave calls should be filed with the State Dept. af Health priar to burial, crematian, or remaval, and in any event. 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER O HUIPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed 13b. COUNTY NO DO 14. FATHER'S NAME Middle Lost S. MOTHER'S MAIDEN NAME First 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b SOCIAL SECURITY NO. Yes, no or unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY signed by the attending burial-transit permit. Th BETWEEN ONSET AND DEATH BRONCHO PNEUMONIA 5 days IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) ARTERIOSCLEROTIC CARDIO-VASCULARDISCASE ase to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? CAUSES OF DEATH? YES [NO | 10 FUNERAL DIRECTOR: After this certificate be retained by the haspital ar 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, notify medical examiner) (AT HOME, FARM STREET FACTORY.) 21f. LOCATION Street or R F D No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while of work at wark 22a. I certify that (I) (this hospital) attended the deceased fram 6 - 19 6 7, ta 1 - 2 - 19 6 5, mar (II) (we) tast the deceased glive and 19 6 5, and that in (my) (evr) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED, PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 10 W.Madison S 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 230. BURIAL, CREMATION REMOVAL (Specify) 250. REC D BY REGISTRAR DATE JAN 25 24 FUNERAL DIRECTOR VR A15 (4) 30M REV, 1/68

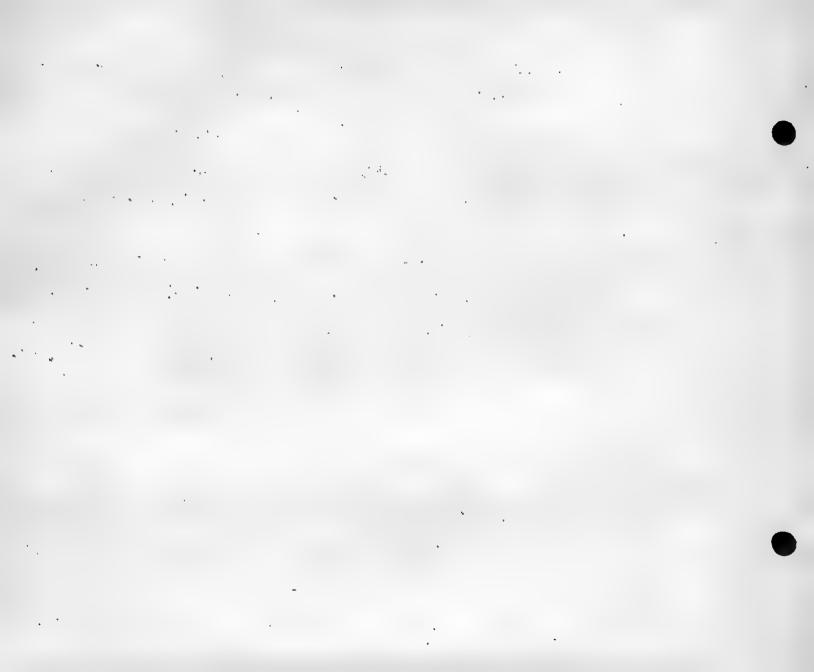
MAKTLAND STATE DEPARTMENT OF HEALTH

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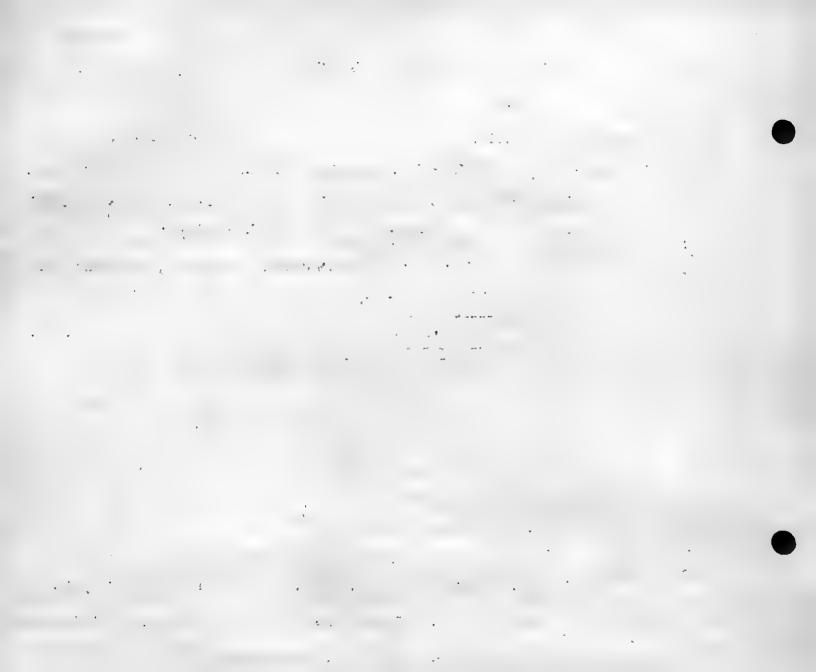
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00428 00426 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2o. DATE OF DEATH 2b HOUR (Type or pont) Month LLIAN 59. M haurs after 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF JINDER 24 HRS 6 AGE (In years last birthday) DAYS HOURS MONTHS emale **7b. CITIZEN OF WHAT COUNTRY?** 9 COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED WEVER MARRIED moR-e. D.VORCED burial-transit permit. Then plea≡ rem≡ve carban papeñ burial, crematian, ar remaval, and in any event, within 72 WIDOWED [24 filled 10. CITY OR TOWN OF DEATH 13 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR requires that the death certificate be executed within give street oddress) during most of working life, even if retired) INDUSTRY Scola le 13e STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before CATYFOR TOWN 13d. INSIDE CITY LIMITS? 13b. COUNTY 14 FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First Middle Last attending physician and permit. Then pleam rem 5 COB Mare 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Address Yes, no/or unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) signed by the attendir burial-transit permit. Canditians, if any, which gove) use to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **J FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. of Health prior to 19a, DATE OF OPERATION 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES [NO [Page 4 may be retained by the haspital or 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED [Enter noture of injury in Port 1 or Part 2, Item 18.] OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY) 214 LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Nat while at work of work 220. I certify that (I) (this haspital) attended the deceased from would to 41.11 saw the deceased alive an Ald 1. 3 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED STAFF PHYS. ATTENDING DIRECTOR PHYS. 22d. PHÝSICIAN S 22e. ADDRESS NAME (Type) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d OCATION (City or Town) 230. BURIAL CREMATION (County) REMOVAL (Specify) o Secla 2 Duria REGISTRAR'S SIGNATURE FUNCERAL DIRECTOR VR A



MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	0.0.46554
I DECEMENTALE FOR MALIN. LOS DATE OF DESTU)042'7
(Type of pool) Tillogs Today Today	Year 9:35AM
3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (in yeors lost birthdoy) 71 70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED 9. COUNTY OF DEATH	HE LINDER I YEAR IF LINDER 24 HRS ADOLTHS DAYS HOURS MIN
3. SEX 4. RACE 5. DATE OF BIRTH 2/23/96 7.1 YRS. MATE 70. BIRTHPLACE (Stote or foreign country) 71 YRS. WHITE 70. BIRTHPLACE (Stote or foreign country) PENNSYLVANIA 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital properties of directly) PENNSYLVANIA 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital properties of directly) PENNSYLVANIA 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital properties of directly) PENNSYLVANIA 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital properties of directly) PENNSYLVANIA 10. CITY OR TOWN OF DEATH FORT HOWARD VETTERANS ADM. HOSPITAL 130. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before odmission) STATE MARYLAND 130. CITY OR TOWN 131. INSUE CITY LIMITS? 130. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before list. CITY OR TOWN 131. INSUE CITY LIMITS? 132. CITY OR TOWN 133. INSUE CITY LIMITS? 134. FATHER'S NAME 135. CITY OR TOWN 136. INSUE CITY LIMITS? 137. CITY OR TOWN 138. INSUE CITY LIMITS? 139. STREET AND NUMBER 10. OLS A. 10. CITY OR TOWN 130. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before list. CITY OR TOWN 134. INSUE CITY LIMITS? 135. CITY OR TOWN 136. INSUE CITY LIMITS? 137. CITY OR TOWN 138. INSUE CITY LIMITS? 139. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before list. CITY OR TOWN 136. INSUE CITY LIMITS? 137. CITY OR TOWN 138. INSUE CITY LIMITS? 139. CITY OR TOWN 130. INSUE CITY LIMITS? 130. USUAL RESIDENCE (Windows) 130. USUAL RESIDENCE (Windows) 130. USUAL RESIDENCE (Windows) 131. CITY OR TOWN 132. CITY OR TOWN 133. INSUE CITY LIMITS? 134. FATHER'S NAME INSUE CITY LIMITS? 135. CITY OR TOWN 136. INSUE CITY LIMITS? 137. CITY OR TOWN 137	CMIAZ DALZ HODKZ WIN
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FORT HOWARD 10 (ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUA. OCCUPAT ON (Kind of work done during most of working life, even if retired.) 120 USUA. OCCUPAT ON (Kind of work done during most of working life, even if retired.) 121 TABORER	126. KIND OF BUSINESS OR INDUSTRY STEEL MILL
130 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	OTEM MILE
odmission) STATE MARYIAND 136 COUNTY MARYIAND 136 BALTIMORE CITY BALTIMORE YES NO 1048 W. BALTIM	ORE STREET
# 14 FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
JOHN - KEATING MARY ELLEN CUSHING	
160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or detected sarvice) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	
Yes, no, or unknown) (If yes give wor or delete of service) VES WW I 079 07 36 66 CLIN RECORDS, VA HOSPITAL, FT HO	WARD, MD.
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))	APPROXIMATE INTERVA, BETWEEN ONSET AND DEATH
18. CAUSE OF DEATH (Enter only one couse per I ne for (o), (b), and (c)) PART ! DEATH WAS CAUSED BY SEPTICEMIA, RECENT WITH ACUTE BACTERIAL ENDOCART IMMEDIATE CAUSE (o) OUE 10, OR AS A CONSEQUENCE OF Conditions, if only, which gove is to immediate couse (o), (b) BRONCHOPNEUMONIA DUE 10, OR AS A CONSEQUENCE OF)ITIS
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Conditions, if only, which gove isset to immediate couse (a), stating the underlying couse (b). Conditions, if only, which gove isset to immediate couse (a), stating the underlying couse (b). EXAMPLE TOSCLEROTIC HEART DISEASE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	RECENT
stating the underlying couse DUF TO, OR AS & CONSEQUENCE OF	
lost (c) ARTERIOSCIEROTIC HEART DISEASE Part 2, Other significant conditions contributing to Death But not related to the terminal disease or condition given in Part 1(o)	
	ISIDERED IN CERTIFYING
YES X NO CAUSES OF DEATH?	
	m 18)
	County Stote
at work	
22a. I certify that this haspital) attended the deceased from 1/15/67, 19, 1a, 1a/9/68, 19, and that in (max) (aur) opinion death accurred on the date	, that (f) (we) last
causes stated above, (b) (we) (did) (about the bady after death.	s and nour and fram the
saw the deceased alive an 1/9/68 19 , and that in (max) (aur) opinion death accurred on the date causes stated abave, (x) (we) (did) (did and) eview the bady after death. 22b SIGNATURE 22c. DA	ATE, SIGNED 1/9/68
DEGREE PHYS. DEGREE PHYS. DIRECTOR DIRECTOR PHYS.	L/9/68
22e. ADDRESS	ADD MD
MAMMY (Type) GEORGE C. MC ELFATRICK, M. D. VET. ADM. HOSPITAL, FT HOW	ARD, MD.
	(County) (State)
230 BURIAL (REMATION, REMOVAL (Specify) REMOVAL (Specify) ST. ELIZABETH CEMETERY PORT ALLEGHANY, I	PENNSYLVANIA
	PENNSYLVANIA



D FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by the fun director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1/4 hould be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after Page 4 may be retained by the hospital or attending physicion. O FUNERAL DIRECTOR: After this certificate has been

3 SEX

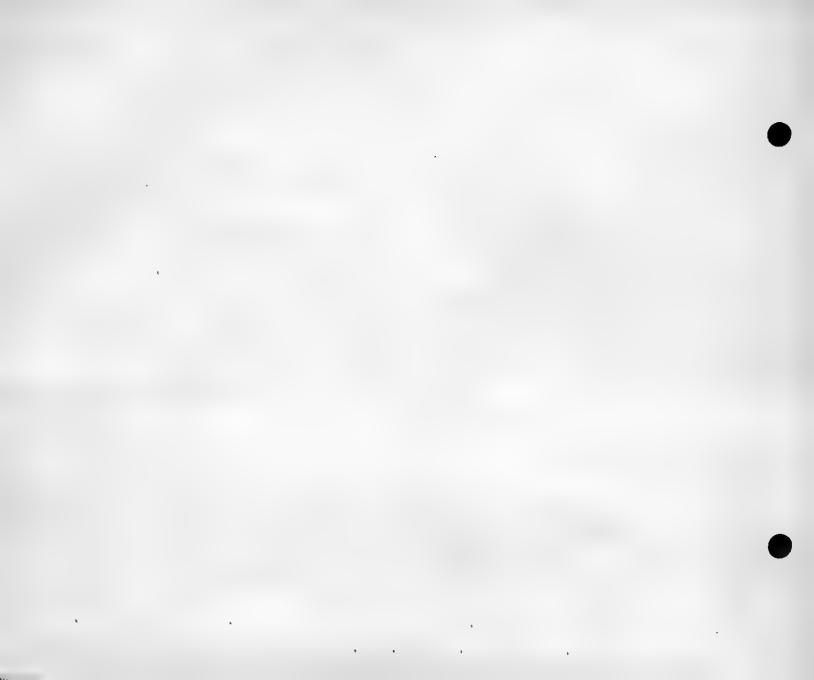
Male

law requires that the death certificate be executed within 24 hours after death



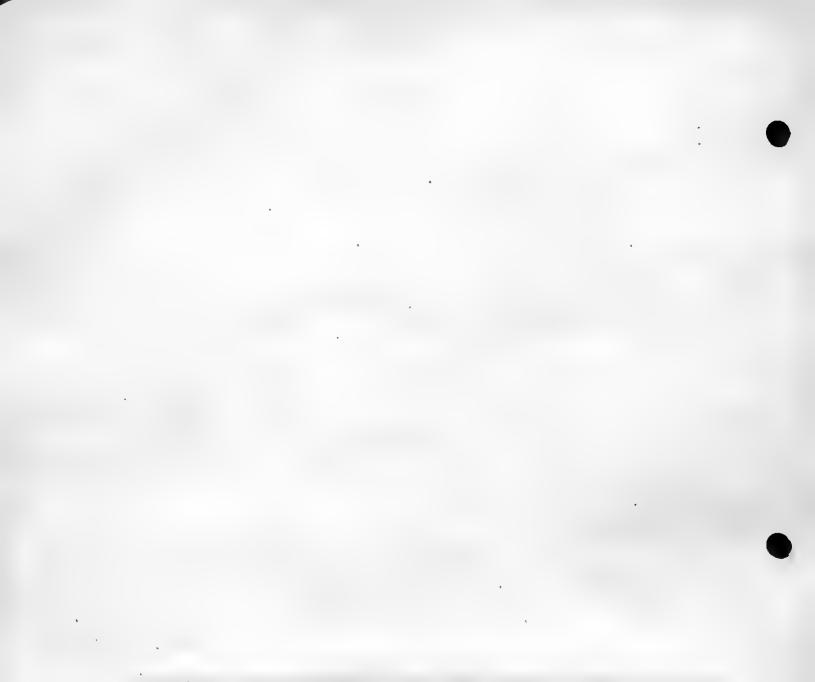
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00431 CERTIFICATE OF DEATH 00429 The law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) a. COUNTY Bactimone MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, E CITY OR TOWN (Is outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 0 days Ballinone alonsville IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Overla NO [within NAME OF First Middle 4 DATE Year Lost Month Doy DECEASED (Type or print) OF DEATH 19 68 event, ames 5. SEX AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** DATE OF BIRTH remove lost birthday) Months Doys Hours Male Whil and in any WIDOWED DIVORCED gud 10o. LSUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT physician a COUNTRY? during most of working life, even if retired INDUSTRY West Viraginia USA AND THE PROPERTY OF 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME ar removal. attending phy: permit. Then p Vina E. Johnson vames Address 315 Inglese WAS DECEASED EVER IN J. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) [(If yes give wor or dates of service) 7396 20 War L crematian, CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit burial, cremati ONSET AND DEATH IMMEDIATE CAUSE (o) by the hospital ar attending physician. DUF TO Conditions, if ony, which gave (b) use to immediate couse (a). DUE TO far use as the k stoting the underlying couse has been last. PART II. OTHER SIGN FIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? NO this certificate 20o ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port or Port 1 of Hem 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Home, form, (City or town) 20c TIME OF INJURY Menth, Day, Year 20d INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o.m Not While of work at work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this-haspital) attended the deceased from 19 1, that (I) (we) lost O HOSPITAL OR ATTEND Page 4 may be retained director, page 3 shauld Shauld be filed with the and that death occurred of and, from causes and an the date stated above sow the deceased alive on 22o SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS PHYS 22d. ADDRESS 72c_PHYSICIAN'S NAME (Tybe) BURIAL CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 (ytnuo)) (Stote) REMOXAL (Specify) Ltimore National Baltimore. FUNERAL DIRECTOR

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06432 CERTIFICATE OF DEATH 00430 deoth. The law requires that the deoth certificate be executed within 24 hours after death ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) funera b. COUNTY Paltimore o. COUNTY Saltimore MARYLAND b. CITY OR TOWN (If outside corparate hmits, CLENGTH OF STAY IN 15 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) write RURAL and give neorest town) 12 hours Anneslie 21212 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ⊑ completely filled Abnestie Road Innestie Vad NO X and in any event, within 4 DATE OF DEATH NAME OF carbon Middle Manth Day Year DECEASED (Type or print) Kimberly anuuru. 6. Larry 9. AGE (In years last jurihday) IF UNDER 1 YEAR 6. COLOR OR RACE DATE OF BIRTH IF UNDER 24 HRS 7. MARRIED NEVER MARRIED · ale Months Haurs $\overline{\mathbf{x}}$ WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if refired)
omm. 120 naphen-ret. physician c en pleose INDUSTRY COUNTRY? hoto 0. Wit tiucas 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME buriol, cremation, or removal, idwin "imberlu dna Kimberlu ! 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, np., or unknown) (If yes, give, war ar dates of service) 17 INFORMANT IA SOCIAL SECURITY NO Famili records INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c), PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o) signed by by the hospital or attending physicion. DUE TO buriol Conditions, if ony, which gove rise to immediate cause (a) DUE TO stating the underlying couse the O FUNERAL DIRECTOR: After this certificate has been prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? NO F YES | 20a ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c T-ME OF INJURY Manth, Day, Year Hour o.m. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (Stote) Not While foctory, street, affice bldg., etc.] at wark at work 21. I certify that (I) (this hospital) attended the deceased from 2 1967, and that death accurred at \$3.M. from causes and an the date stated above saw the deceased alive on DATESIGNED STAFF **ATTENDING** PHYS DIRECTOR PHYS PHYSICIAN'S 22d. ADDRESS NAME (Type) harles F. C'Donnell Pd. To son, id. 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d LOCATION (City or Town) (State) 23a BUR AL, CREMAT ON, (County) REMOVAL (Specify) preland enorial rank Pariville. valto. 24 FUNERAL DIRECTOR VR A15

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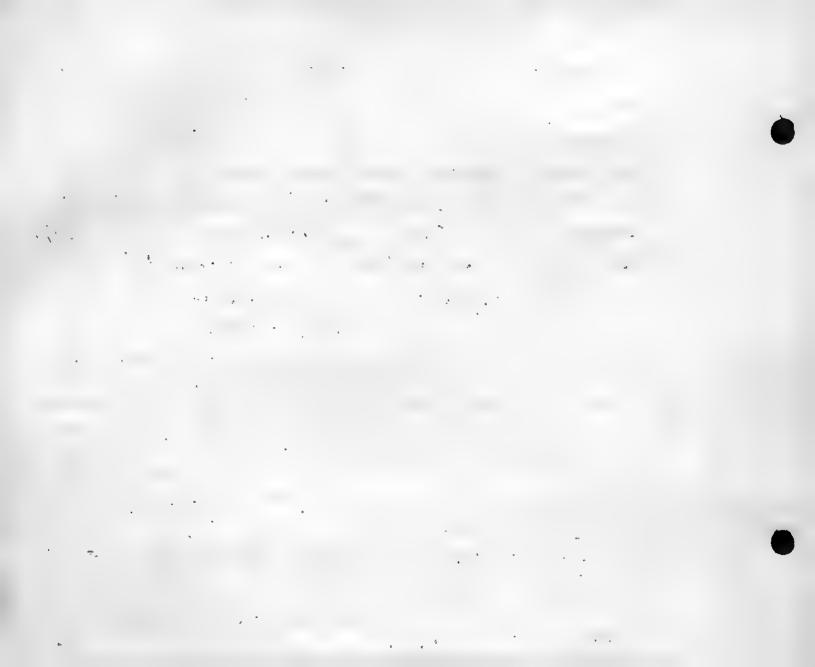
		MARYLAND STATE DEPARTMENT OF HEALTH
		06433 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
***		CERTIFICATE OF DEATH
4 24		CEASED NAME First, Middle Last 2a DATE OF DEATH 2b HOUR
e e e	[1	YPE OF PINT) Arabella M KING VAN MONTH 22 1968 710 AM
b (-1)	3. SE	X 4 RACE 5 DATE OF BIRTH 6 AGE (In years IF JINDER 176AR 1F JINDER 174AR 1F JI
g 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Female White JAN 14 1896 lost birthday) YRS. MONTHS DAYS HOURS MIN
an and		IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
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ertificate b physician ren please aval, and i		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17, INFORMANT,
phy:		estra Octuninawn) (IT yes give war or dates at service) 319147974 William H King Stevenson, Mid
ne death cei attending p permit. The	П	1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY
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att att		DUE TO, OR AS A CONSEQUENCE OF
the the ssit p	П	(conditions if any, which gave) nse to immediate cause (a), (b) generally a allowed as lines selected yes.
trar cre		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
equires that th physician. signed by the burial-transit (last. (c)
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as to as prike	FCA	YES NO Z
N: The law re ar attending but has been ruse as the ealth priarta	CERT, FICATION	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
fical of Figure 1. The Figure		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year
OR ATTENDING PHYSICIAN be retained by the haspital DIRECTOR: After this certificate 3 should be defacted for the With the State Dept. of He	MEDICAL	(If either, notify medical examiner) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While - Not while -
PH)		While Not while at work of work
A the state of the de		22g certify that (1) (this-hospital) attended the deceased from Selfa 1962 to 1969 1969 that (1) (wa) loct
Afr by Street		22a 1 certify that (I) (this hespital) attended the deceased from 1962, ond that (II) (we) lost saw the deceased olive on 1962, and that (II) (we) lost with the deceased of the deceased from 1962, and that (II) (we) lost saw the deceased olive on 1962, and that (II) (we) lost saw the deceased olive on 1962, and that (II) (we) lost saw the deceased olive on 1962, and that (II) (we) lost saw the deceased olive on 1962, and that (II) (we) lost saw the deceased olive on 1962, and that (II) (we) lost saw the deceased olive on 1962, and that (II) (we) lost saw the deceased olive on 1962, and that (II) (we) lost saw the deceased olive on 1962, and that (II) (we) lost saw the deceased olive on 1962, and that (II) (we) lost saw the deceased olive on 1962, and that (II) (we) lost saw the deceased olive on 1962, and that (II) (we) lost saw the deceased olive on 1962, and the deceased olive oliv
OR: TE		causes stated abave, (I) (we) (did) (did) (did) view the bady after death.
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely futed in by the Transmit director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages should be fulled with the State Dept. af Health prior to burial, cremation, or remayal, and in any event, within 72 hadrs the death		22d. PHYSICIAN'S NAME (Type) For 14 TROYSE MT 1403 FOLOYLA PIKESVILLE Md.
HOS ge 4 FUN aulc	2 3a.	BURIAL CREMATION, 23b DATE 236 NAME OF CONSTREY OR CREMATORY 23d LOCATION (City or Town) (County), (State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	LA	BURIAL (REMATION, 23b. DATE 26-68 236 NAME OF CENTERRY OR (REMATORY) 23d LOCATION (City or Town) (County) (State) PRINCYAL (Superity) 1-26-68 AINTS CEM. DES PLAINES, Illinois
VR A15 (4)		FUNERAL DIRECTOR 250. REGISTRAR 256. REGISTRAR 256. REGISTRAR 5 SIGNATURE
30M REV_1/68	1	Durge Funeral Home 3631 Falls Rd DATE JAN 24 1988 Schanles Judge
120 11/1	1111	i IVE Ilani, Un Ralfinanzo



MARYLAND STATE DEPARTMENT OF HEALTH

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1	0043)	DIVISION OF VITAL RECO	RDS, 301 W. PRESTON STREET, I	BALTIMORE, MARYLAND 21201	0.0400
¥					00433
I D	CEASED-NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR
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3 5				6 AGF (In years	IF UNDER 1 YEAR I IF UNDER 24 HRS
				last birthday)	MONTHS DAYS HOURS MIN
			1.	A COUNTY OF BEATH	
		76 CHIZEN OF WHAT COUNTRY?		1 11- 0	
	MARY LAKD.	454-		7-17-17-17-17-17-17-17-17-17-17-17-17-17	Md.
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Odin	SSION STATE MJ.	13D COUNTY	C/ BALTO. INF	4/32 FIMIC	100 NJ.
. 14.	ATHER S NAME First			AME First Middle	Lost
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160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SEC	URITY NO. 17 INFORMANT	Address	
1	es, no ar-unknawn) (If yes give	wor or do les of service) 220-5	14-8406. DANS HI	D HAMED. MI)	,
	IR CAUSE OF DEATH (Enter o	nly one cause per line fon(a) (b) o	uld (OV)	^	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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		(D)	5 maners	Cellon,	
		DUE TO, OR AS A CONSEQUEN	ICE OF A. TE - 18	all lost il	
		, (c)	3 arangemen	CONCENSION CHARLING AND INC.	18672
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3	190. DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION I		CAUSES OF DEATHS	UNSIDERED IN CERTIFTING
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				(Enternature of injury in Part 1 or Port 2,	item 18.)
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		his haspital), attended the de	eceased from the first	1962, to Juny, 19	, that (I) (we) last
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		re, (I) (we)(did) (did nes) viev	w the body after death.		DATE CIONES
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1		occurs HAN	ZZe ADDRESS		
	VA	DAID HILL			
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3			1213 DATE	~	
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he I printer	CERTIFICATION	110 01(12 0) 01 (01/11/01)	. The state of the	THE TERM ON	YES 🗀		CAUSES OF DEATH?	
or or use	CERT	210. ACCIDENT WAS UNDERLYING	G 216. TIME OF INJURY				ure of injury in Port I or Port 2	. Item 1B.)
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Poge 4 may be retained by the hospital or ottending physicion. FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the object director, page 3 should be defacted for use as the buriol-transit permit. Then please remove carbon papers. Pages 1-and Should be filled with the State Dept. of Health prior to burial, cremation, ar removal, and in ony event, within 72 hours-after death	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Doy	Year 19				,
YSI cert cert ched		21d. INJURY OCCURRED 21e.	DIACE OF INTERPLE AT HOME FARM, STI	EET, FACTORY.	21f. LOCATION Street	et or R.F.D. No.	City or Town	County State
His help		While Not while at work	OFFICE BUILDING, E	C. 1				
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ed E		sow the deceased of	ive on TANHARY 7	196	d . ond that in (m	ıy) (our) opinio	n deoth occurred on the c	lote ond hour and from the
TO ROLL TE		22b. SIGNATURE	, (I) (we) (did) (did not) view	the body	orrer deorn.		1 22	:. DATE SIGNED
OR A		Dr. Lua	Mesto lake	n	DEGREE PHYS.	NG MED DIREC	TOR STAFF	1-6-68
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SIGNATURE SIGNATURE EXAMINER'S NAME (Type) Charles F. O'Donnell, M.D. ADDRESS(Street, city, town, or county) 230 BURIAL (REMAION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d .OCATION (City or Town) (County) (Stole)	Cess Cess may may Figh		NAME (Type) Charles F. O'Donnell		0/00
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REMOVA_(Specify) Jurial 1-10-1968 Cedar Hill Cemetery Annarundel rooklym 14.d. Address /2/ 1 250 REC D BY REGISTRAR'S SIGNATURE	M	24		1111111	
24 FUNERAL DIRECTOR ADDRESS (36) 250 REGISTRAR'S SIGNATURE VR AT 5ME 15N 10M REV 1/680 Lassahn Lunnal Home 7-4 4/1 13 Lang Road Date JAN 15 1968 Climbles United		+		200 0 0 000	



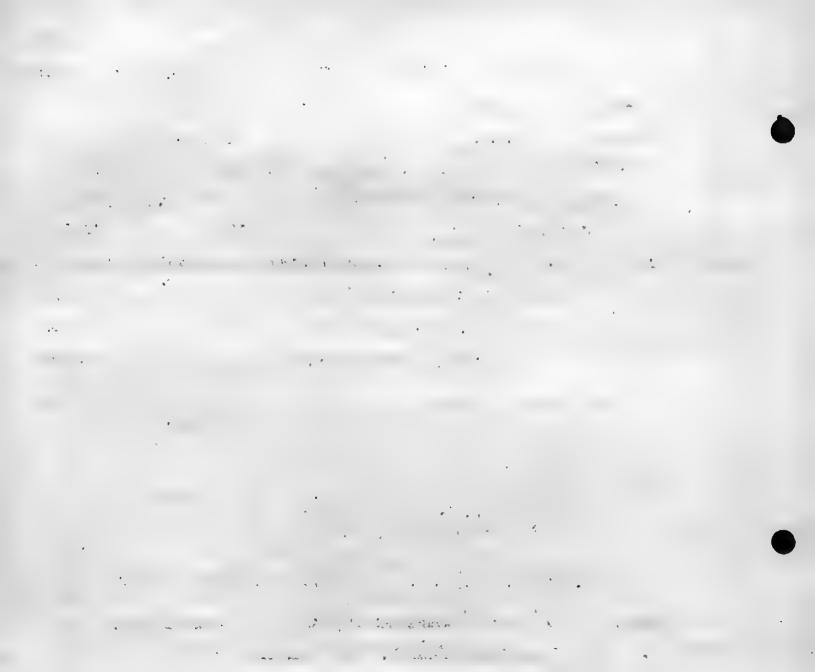
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MARYLAND STATE DEPARTMENT OF HEALTH



a > 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
(1/1)	CERTIFICATE OF DEATH	00438
overal 1 and 2 1r death	DECEASED-NAME First Middle Last 2a. DATE OF DEATH Type or print) WITI.TON ATTRY ATTRY KNOY Month Day Yo	2b. HOUR 968 9:20AM
	SEX 4 RACE 5. DATE DF BIRTH 6. AGE (In years Leywider MALE NECRO 6/4/1.899 OF YRS.	
	d. BIRTHPLACE (Store or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED TO BALITIMORE COUNTY.	и.
	0 CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b K	KIND OF BUSINESS OR STRY PYARD
	3a. USUAL RESIDENCE (Where deceased lived, if institut on Residence before discussion) STATE MARYLAND 13b. COUNTY BALTTMORE 13c CITY BALTTMORE 13c CITY OR TOWN 13c CITY UMITS 13c STREET AND NUMBER 13c CITY BALTTMORE 13c CI	
U	4 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last SHER
	160. WAS DECEASED EVER IN U.S. ARMED FORCES? YES NO OT JUNETOWN) If yes give you or dates of service) WW. I. 16b. SOCIAL SECURITY NO. 17 INFORMANT Address 213 16 59 64 CLIN.RECORDS, VA HOSPITAL, FT HOWA	RD, MD.
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL ETWIFFN ONSET AND DEATH
	DUE TO, OR AS A CONSEQUENCE OF	nknown
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	NKNOWA
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? YES NO 20b. IF YES, WERE FINDINGS CONSIDEREI CAUSES OF DEATH? YES 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 22c HOW INJURY OCCURRED (Enter parture of injury in Part L or Port 2, Irem 18.)	D IN CERTIFYING
/	21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 19	
	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT MOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While at work at work in the control of work in the co	y State
	22a. I certify that \$\frac{1}{2}\$ (this haspital) attended the deceased fram 12/20/6(, 19, to 1/24/68, 19, sow the deceased alive an 1/24/68, 19, and that in (A) (aur) apinian death occurred an the date and causes states above, \$\frac{1}{2}\$ (we) (with did not) view the bady after death.	, that (K(we) last haur and fram the
	22b. SIGNATURE DEGREE PHYS DIRECTOR STAFF 22c. DATE SIGN	^{NED} /4/68
/	22d. PHYSICIAN'S NAME (Type) RODOLFO G. MIRO, M. D. 22e ADDRESS VAH FORT HOWARD, MARYLAND	
2	230 BURIAL, CREMATION, PEMOVAL (Specify) 230 BURIAL 231 NAME OF CEMETERY OR CREMATORY 231 BALTIMORE NATIONAL 232 BALTIMORE MD.	ty) (State)
68)	24 FUNERAL DIRECTOR WILSON FUNERAL HOME 250 REGISTRA 26 1968 250 PROPERTY AND 26 1968 250 PROPER	lidge.
. 1	ORIEANS ST. BALTIMORE, MD.	

READYLAND CTATE DEDADTRACKIT OF LICALTII



MARYLAND STATE DEPARTMENT OF HEALTH 36443 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00439 1. DECEASED NAME First M'ddle Last 2a. DATE OF DEATH 2b. HOUR **) FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the tynekological director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 3 hould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death (Type or print) Florence 3. SEX 6 AGE (In years last birthday) IF LINDER 1 YEAR S. DATE OF BIRTH MONTHS ! HOURS YRS. requires that the death certificate be executed within 24 haurs 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED [] NEVER MARRIED .⊆ (duntry) WIDOWED 1 DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during mast of working life, even if retired.) INDUSTRY BA/to' make give street address; For 130. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13e STREET AND NUMBER admission) STATE 13b, COUNTY NO V 14. FATHER'S NAME Middle last IS. MOTHER'S MAIDEN NAME First Middle 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, na. ar unknown) (15 yes give wirr or dates of service) APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),)
PART 1 DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave t rise to immediate cause (a). Page 4 may be retained by the haspital or attending physician. DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) FUNERAL DIRECTOR: After this certificate has been 4, 31% 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO T 21g. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH Manth Day Year HOUR A.M. (If either, natify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 220. I certify that (1) (this hospital) attended the deceased fram 10 - 21, 19 67, to 1 - 2, 19 68, that (1) (we) tost saw the deceased olive on 1 - 7, 19 68, and that in (my) (our) apinian deoth occurred on the dote and hour and from the couses stated above, (1) (we) (did) (did not) view the body after death. 22b: SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. STAFF DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22a. ADDRESS NAME (Type) Liusa 23g BURIAL CREMATION 23bz DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Carenty) REMOVAL (Specify) 0 FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR TKd. 21216 DIAN

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00441 00443 CERTIFICATE OF DEATH DECEASED NAME Lewen Middle Last 2o. DATE OF DEATH 2b. HOUR ourai-sransit permit. Then please remave carban papers. Pages 1 and 2 burial, crematian, or remavol, and in any event, within 72 haurs after death (Type or print) January **Vake** Lake 3 SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years last birthday) DAYS HOURS male white July 27, 1879 requires that the death certificate be executed within 24 hours 7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED TO NEVER MARRIED country) O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Thould be filed with the State Dept. of Health priar to burial, cremation, or removol, and in any event, within 72 h Baltimore U. S. Md. DIVORCED [WIDOWED [7] 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPAT ON (Kind of work dane 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b KIND OF BUSINESS OR during most of warking life, every if retired.) UNDUSTRY Caton sville STATE HOSP. 011 71. 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY YES V NO I 926 Southerly Rd. Towson 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle Lost Margaret Levin 16b. SOCIAL SECURITY NO 17 INFORMANT 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? Address (if yes give wor or dates of service) Yes, no, ar unknown) 214-03-6720 Records: SPRING GROVE STATE HOSPITAL 110 Hone APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR/AG A CONSEQUENCE OF Conditions, if any, which gave) eumonic rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) osclesos, 5 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [NO [21a, ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) (AT HOME FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e PLACE OF INJURY State City or Town County While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased from April 5 , 1966, to 1-20 , 1968, that (1) (we) last saw the deceased alive on 1968, and that in (my) (our) opinian death accurred on the dote and hour and from the couses stared above, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE ATTENDING DEGREE DIRECTOR PHYS 22e. ADDRESS SPRING GROVE STATE HOSPITAL 22d. PHYSECIAN'S NAME (Type) looten Baltimore, Maryland 21228 23d LOCATION (City or Town) 23b DATE 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23o BURIAL CREMATION. (County) REMOVAL (Specify) unci enelenu neen. 250. RECD BY PEGISTRAR 24 JUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATUR 30M REV. 1/68



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equires that the death certificate be executed within 24 physician. Signed by the attending physician and completely filled burial-transit permit. Then please remave carbon pepel burial, crematian, or removal, and in any event, within 72	1	FORT HOWARD	give str	ADM. HOS	PITAL		during most o	f working life, e SURGEOI	ven if retired.)	INDUSTRY DENTA	AL.
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Portification of the control of the	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	iner) P.M.	19	9						
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior to	230	BURIAL, CREMATION, 23b.	DATE	23c NAME OF				ld. LOCATION (Cit		(County)	(State)
22 2 3		REMOVAL (Specify)	1/6/68			EMETERY		ESSEX, N	ARYLAND		
VRANCO	24.	FUNERAL DIRECTOR	,	CONNELLY	FINERA	T. HOME 2S	io. REC'D AY NE	GISTRATE 196	B REGISTRADS	SIGNATURE	water.
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00445 00443 CERTIFICATE OF DEATH Middle Last DECEASED-NAME First 2g. DATE OF DEATH 26 HOUR after death (Type or print) Month J. Jan. CLNC. 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR IE UNCER 24 HRS 3. SEX 6. AGE (In years OAVS last birthday) JU/4 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED D D.VORCED Boston, Mass, 1.5.A burial-transit permit. Then please remove carban paper burial, crematian, ar removal, and in any event, within 72 law requires that the death certificate be executed within 24 campletely filled 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR give street oddress) during most of working life, even if retired 1 INDUSTRY Carrison ind Home House wife 130 USUAL RESIDENCE (Where deceosed lived, if institution; Residence Before | 13c CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? admission) STATE Baltimore Bo-14, me YES PYNOXX 14 FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First guq Margaret Folev Thomas J. Johnson physician o 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, ng. or unknown) I (If yes give war or dates of service) 017-26-05521 Bame APPROXIMATE INTERVAL attending p 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) signed by the burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior to be 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATHS YES 🖂 NO Z 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M (If either, natify medical exominer) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No 21d. INJURY OCCURRED State City or Tawn County While Nat while at work saw the deceased alive an___ Page 4 may be retained causes stated above. (1) (we) (did) (did not) view the bady after death. 22c, DATE SIGNED 22b SIGNATURE ATTENDING DEGREE DIRECTOR 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) 04 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE (County) BUR AL, CREMATION, REMOVAL (Specify) Burial Old Calvary Cemetery Boston. Mass. 2Sa. REC'D BY REGISTRAR REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Wm.E. Johnson 8521 Loch R ven Blvd. 21204 TOATA 30M REV 1/68



- 1	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAN	
L	CERTIFICATE OF DEATH	00444
1.	GILDER WOOD LANG	inth Day 4 1968 8 35 M
3.	M 10 00 10 01 last	(In years IF UNDER 1 YEAR IF UNDER 24 HRS birthday) MONTHS DAYS HOURS M.N
70	To. BIRTHPLACE (Stote or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH COUNTRY? Baltimore	County Md
	O. CITY OR TOWN OF SEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital Mt. Wilson 12. USUAL OCCUPATION (Kind of during most of working life) evi Wilson St. Hosp.	en fretired) INDUSTRY
13	13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before, 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AN admission) STATE Maryland 13b. COUNTY Deallimus Ballimus YES IV NO 1639	Northern Parkera
14	14. FATHER'S NAME First Middle Lost LOST GRACE	Middle LARNER
10	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na ar unknawn) (If yes give wer of dates of service) 214-03-7465 Records, Mt. Wilson St	Address ate Hospital
F		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
П	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) } PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac arrust	20 min
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1	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
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3	Z Far alwandh hall nough with colors and livery	EDE EMPINICS CONCIDENCE IN CERTIFYING
135	S CALIETE DE DE	ERE FINDINGS CONSIDERED IN CERTIFYING NTH?
ETUS	TES NO TO CHARGE OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Po	et 1 or Port 2 Itom 18)
		, i or ron z, nem to j
1	OR CONTR BUTTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town	n County State
	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM. STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town While of work	, coonly stole
	220. I certify that (1) (this hospital) attended the deceased from 13. 1967, ta 1.	4. , 19_6 & , that (1) (we) las
	220. I certify that (I) (this hospital) attended the deceased from 13. 19.67, ta 1. saw the deceased alive on 19.68, and that in (my) (our) opinion death accurre couses stated above, (I) (we) (did) (did not) view the body ofter death.	d on the dote and hour and from the
1	couses stored obove, (1) (we) (did) (did not) view the body offer deoth.	22c. Date Signed
	DEGREE ATTENDING MED. STAFF PHYS.	D 1 1 10 10 10
	22d. HYSICIAN'S 22e. ADDRESS	1 01 00
	NAME (Type)William Newcomer, M.D. Mount Wilson, Man	yland
2	23d BURIAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City	ar Tawn) (County) (State)
L	Darocase 1707001	imore, Md.
2	24. FUNERAL DIRECTOR ADDRESS ADDRESS	b. REGISTRAR S. SIGNATURE
V.	Leonard J. Ruck, Inc. Balto. Md. 21214 MAN 5 1968	7 9



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		00447		CERTIFICATE OF DEAT		00445
		CEASED-NAME First ype or print) Mat	Middle thew	Lattin	2g. DATE OF DEATH Month Day	26 HOUR 1:45PM
	3. SE	X	4. RACE	S. DATE OF BIRTH	6. AGE (In years I	IF JNDER I YEAR IF UNGER 24 HRS MONTHS ONYS HOURS MAN
		M	W	12/31/79	88 "YRS.	
	70. E	SIRTHPLACE (State or fareign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED 🔲 NEVER MARRIED 🗍		
	'A'	lexandria, Va.	USA	WIDOWED DIVORCED	DOT OF HIS	Md.
	10 0	Towson	11 NAME OF HOSPITAL OR IN: give street address) Stella Mari:	Hospice M	USUAL OCCUPATION (Kind of work daneing mast of working life, even if retired.) achinist	126 KIND OF BUSINESS OR INDUSTRY
1	13a	JSUAŁ RESIDENCE (Where decease ssian) STATE	d lived, if institution Residence before	13c. CITY OR TOWN 13d. INSIG	E CTY LIMITS? 13e STREET AND NUMBER	
o.ºº	LB:	ltimore Md		Raltimore	351 W LIST	
j.	14. F	ATHER'S NAME First	Middle Last	IS MOTHERS MAIDEN N.		Last
		Matthew L		Sisan F	OSTEL Address	
	16a. Y	WAS DECEASED EVER IN U.S. ARMI es, na, or unknown) (If yes give wo	ED FORCES? or or dates of service) 166. SOCIAL SECURITY 211-26-75	-		
	-				oras	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART 1. DEATH WAS CAUSED	y ane cause per line far (a), (b), and (c) BY: TE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	45CM)	aux Syntone	GEWEN ORST AND DEATH
		last.	(c)	OT RELATED TO THE TERMINAL DISEAS	SE OR CONDITION GIVEN IN PART 1(a)	<u> </u>
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	CERTIFICATION		ONDITION FOR WHICH OPERATION WAS PE	YES 🗀	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	
	MEDICAL CE	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF GEATH (If either, notify medical examin	HOUR A.M. Month Day Year P.M.	9	(Enter nature of injury in Part 1 or Part 2,	
	WE	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC	CTORY.) 21f. LOCATION Street or R F		Caunty State
		220. I certify that (1) (the	s hospital) attended the deceosive on	ed from 11/7/61, 19, and thot in (my) (ou bady after deoth.	19, to <u>1/26/68</u> , 19 r) opinion death accurred an the do	te ond haur and from the
		22b. SIGNATURE	Profests	DEGREE PHYS.	MED STAFF	DATE SIGNED 26/68
		22d PHYSICIANS NAME (Type) Rober	t J. Mahon, M.D.	22e. ADDRESS 20		son.
100	L	ELRIAL, CREMAT ON. 23b. D REMOVAL (Specify) 23b. D	DATE 29-68 23c - MAME OF 29-68 25c - MAME OF COMPANY OF	CEMETERY OR CREMATORY	23d LQCATION (City or Town) RECD BY REGISTRAR 25b. REGISTRARS	(County) (State) Sold Co Mu
1	2	Viger Foller	Home Balt	1/1/ DATE	AN 3 0 1968	to mages



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00443 CERTIFICATE OF DEATH fineral and 2 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fineral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Peggal and 2 should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 haurs after deathy death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hayrr

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

			CERTIFICATE	OF DEATH	00446
		PLACE OF DEATH O COUNTY Paltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if in o. STATE www.land b.	stitution Residence before odmission) COUNTY Baltinone
		b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c CITY OR TOWN (If outside corporate limits write Townson	e RURAL and give nearest town)
	(d NAME OF HOSPITAL OR INSTITUTION (If not in ho 602 altimore venue		d. street Address 602 Saltinone riveni	8 IS RESIDENCE ON A FARM? YES NO
d do-		NAME OF First DECEASED (Type or print) Emma	Francies LeS		Month Doy Year 1968 19
	5	7" / '71) - ,		ec. 25, 1373 9. AGE (In year day birthdo	rs IF UNDER 1 YEAR IF UNDER 24 HRS. y) Months Doys Hours Min.
	10o duri	USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	JUND OF BUSINESS OR JUNDUSTRY MC	11. BIRTHPLACE (County & State, or foreign country) 11 aryland	12 CITIZEN OF WHAT
	13.	FATHER'S NAME Charles Fran	rcies	14 MOTHER'S MAIDEN NAME Martha Willinghan	
		WAS DECEASED EVER IN U.S. ARMED FORCES? es, not er unknown) (If yes give wor or dotes of service		nformant a:il: newnds	Address
		18. CAUSE OF DEATH (Enter only one couse per PART I DEATH WAS CAUSED BY.	fine for (o), (b), and (c).) ETERCUSCIEROTO	IC HEART DIE	ASE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gove) DUE TO	ENERALIZED AR	TERIOSCLERO(15	
		nise to immediate couse (a), stating the underlying couse (c). DUE TO			
2	ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBI	UTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c	19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION	20° ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18	
	MEDICAL	20c TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		E OF INJURY (Hame, form 20f. (City or tow any, street, office bidg , etc.)	n) (County) (State)
		30W FITE deceased wilve on 22	attended the deceased from	death occurred of 3 P M, from cou	ses and on the date stated above
		220. SIGNATURE Services	SE MO		22b. DATE SIGNED 8
		22c. PHYSICIAN'S T.C. SIW(22d. ADDRESS 200 W. PENERA. AL	rouson md.
		BUR AL, (REMATION, REMOVAL (Specify) Feb. 3, 196	236. NAME OF CEMETERY OR C Vauch Chapel	Cenetery Glen from	Maruland
	24	John Burns' Sons, Town	son, Maryland	DATE B 5 1988	REGISTRAR'S SIGNATURE



	5	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	4. 4.
FOR STATE	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00447
HEALTHADERT.		ECEASED-NAME First Mode Lost 20 DATE KNOWN Month	Day Year 2b HOUR
· · · · · · · · · · · · · · · · · · ·	((ype or Print) HARRY AMBROSE Le BRYN DEATH MATED 11AM	V 4 1966 1 4 M
≥m 5	3., 5	X 4 RACE A 5 DATE OF BIRTH 16. AGE (16 years 15 UNDER 2 YEAR 15 UNDER 24 HRS 2C. DATE PRONOUNCED DEAD	2d COUR
P. And 3. Page P. M.3. Page P.	ーカ	TALE White 16 MAY 1890 137 YRS MONTHS DAYS MOURS MAIN MONTHLY Day 4	Year 19 4 2 7 M
2, 2, pa	7a.	SIRTHPLACE (State or foreign , 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED WEVER MARR ED 79. COUNTY OF DEATH	1
s certificate shauld be executed within 24 haurs after death e, writing the ward 'pending' in pencil in Item 18. Give Pages 1, farwarded to the Chief Medical Examiner's Office along with farm sused as a buriol-transit permit. File pages land 2 with the State Deemayal, and in any event within 72 haurs after death	coun		102 C Md
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de de Pe	13	4LTO-Ryral- Overlegive street address PREENWOOD during most of working life, even if retired) American Refinery	MDUSTRY
after de alang w with the	30	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CTY LIMITS? 13e STREET AND NUMBER	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
s afte 18. Gi	0	dission) STATE Md. 13b COUNTY Baltimore Baltimore YES NO 13b Circonwo	ad Avenue
Item 1 Office after d	14 6	ATHER'S NAME First Middle 1955 IS MOTHER'S MAIDEN NAME First Middle	last
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		WAILE NOT WHILE TOCTORY, OTTICE BUILDING, etc.) AT WORK AT WORK	
		22a certify that took charge of the remains described above, held an Autopsy Inspection Inquiry [, and in my opinian
e exe trar. F ed fo ed fo ccros		deoth resulted from: Not ral causes 📝 Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner	
please e arectained DIRECT		CHEF MED CAL EXAMINER	A
		SIGNATURE ASS STANT MED CAL EXAMINER 22b. DAT	E SIGNED
EPUTY ssary, i funeral ay be r INERAL Ith prid		EXAMINER'S NAME (Type) SOLAN C. 144/6 DEPUTY MED (AL EXAMINER D. 144/6) ADDRESS(Street city town or county) 7.537	4 Jun 68
△ ≥ ∞ E ⊏ 0		The state of the s	Delu Ree
5 = 2 = V	230	BUR AL, CREMAT ON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(Caunty) (State)
^ (1)		Burial 1-8-1968 Gardens of Faith Cemetery Baltimore	Co. Md.
VR A15ME (D)	24	HUNERA, DIRECTOR ADDRESS ADD	MENATURE LINGER
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MAKTLAND STATE DEPARTMENT OF HEALTH



	MARYLAND STATE DEPARTMENT OF HEALTH	
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•	Ttems 7 & 14 Film G398_3/11/68 kk CERTIFICATE OF DEATH 00450	
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he death cer ottending F permit. The	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	
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ital c lificat far if ller	OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 19 2 and INITIAL PROCESSING FOR INITIAL AND STREET FATORY.) 215 LOCATION Street or P.E.D. No. (it or Town County State	
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OR ATTENDIME OR ATTENDIME Discretized by it Six and the six and th	sow the deceased alive an 12-25, and that in (my) (our) opinion death occurred on the date and hour and from to causes stated above, (I) (we) (did) (did nat) view the body after death.	he
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TO HOSPITAL OR ATTENDING MHYSICIAM: Page 4 may be retained by the haspital or for FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us should be file!! with the litate Dept. of !!!	22d. PHYSICIAN'S NAME (Type) HENRY L ME CORKLEMA 22e ADDRESS Phoenix, Mc 21131	
FUN Poul	230 BUR AL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 22c +QCATION (City or Town) (County) (Signe)	
5 5 5 E	BREMOVAL (Sobelity) VAN 3, 1967 SISTERS EMETERY OLENARM BALTET, MD.	
VR ATS 14	DAYMAN DE CHARLETT UR.	
	KNYMONDULURRAN TOUSON, MD, 21204 DATE JAN. 9 1968	_



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00448 00451 CERTIFICATE OF DEATH DECEASED NAME M. ddle Last 2a. DATE OF DEATH First 2b. HOUR omd 2 (Type or print) JANUARY ENA EON signed by the ottending physician and completely filled in by the Jar burial-tronsit permit. Then please remove corbon papers. Pagils I burial, cremation, ar removal, and in ony event, within 72 hours ofter 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) HOURS White temales hours 7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH NEVER MARRIED country) Russia physician and completely filled in Randellstown DIVORCED [10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within during most of working life, even if retired.) give street oddress) INDUSTRY Randelstown Housewife. 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e, STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? odmission) STATE 13b. COUNT) 3701 3 ech/e 14. FATHER'S NAME FIRST Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Lost FINE HARRY ANNA 2 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) CRESTHEIGHTS RD 1B. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c))
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a)

ACUTE

M BETWEEN ONSET AND CEATE YUCARDIAL INFARCTION 2 WKS ERIOSCLEROTIC CARDIOVASCULAR DISEASE Canditians, if any, which gave) rise to immediate cause (a), DUE TO OR AS A CONSEQUENCE OF stating the underlying cause ABETES MELLITUS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) **FUNERAL DIRECTOR:** After this cerificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to CHRONIC 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES -21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR AM. Month Day (If either, notify medical exominer) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while at wark 220. I certify that (I) (this hospital) attended the deceased from DEC. 14 , 19.67, to JAN-7 , 19.68 , that (I) (we) last saw the deceased glive on JAN-7 , 19.68 , and that in (my) (our) opinion death occurred an the date and hour and from the es stoted about, (In (we) (did nat) view the body after death. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS. 22e ADDRESS PHYSICIAN! GLEN 23d LOCAT ON (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, 23Ь. ОАТЕ (County) BURYAL (Specify) BETH YEHUDA ANSHE KURLAND BALTIMORE, MARYLAND 1-8-68 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR LEVINSON & BROS., 6010 REISTERSTOWN RD. 30M REV, 1/68

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		MARYLAND STATE DEPARTMENT OF HEALTH	
1	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		CERTIFICATE OF DEATH	-00449
£ 1000 £	1. D	ECEASED-NAME First Middle Lost 20. DATE OF DEATH	26. HOUR
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30M REV. 1/68	W	m. Cook-Brooks Towson 1050 York Rd. 21204 DATEFEE 1 1968	0 0



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	1	06453 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	000414
		CERTIFICATE OF DEATH	00451
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e death certificate b attending physician mermit. Then please an, or removal, and i	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO IN INFORMANT () () Aldress	1 1 2 1
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ph Ph	H		APPROX MACE INTERVAL
5 <u>4</u> E		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROX MATE INTERVA. BETWEEN ONSET AND DEATH
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	[ਤੁ	GOR CONTRIBUTING CLUSE OF OEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 19	
SIGN Table 1:00 to 1:0	MEDICAL	(If either, notify medical examiner) P.M. 19 21d INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City ar Town	County State
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Sta be	1	22a. I certify that (I) (this haspital) attended the deceased from 3 - 29 , 19 6 7 , ta 19 5 , 19 saw the deceased alive an 19 6 9 and that in (my) (our) opiman death accurred an the date	් ඒ, that (I) (we) last
Ped ed he		causes stated above, (1) (we) (did) (did not) view the body after death.	and naur and from the
ATTENDING etgined by th CTOR: After t should be d			NTE SIGNED
Wils State		ATTENDING MED. STAFF	15-18
6 6 6 6 7			17-68
AL Page e fre	1	22d. PHYSICIAMS NAME (Type) C. E. HARTAN AN MD 22e ADDRESS CLETN ROCK PENMB	17327
SPI 4 m db	L	GLETV NUR PENTIN	11341
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed ■ the attending physician and campletely findirector, page 3 should be detached for use as the burial temait mermit. Then please remave carbon is should be filled with the State Dept. of Health prior ta burial, crematian, or removal, and in any event, with	230	BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OF CREMATORY 23d ACCATION (City or Town)	(County) (State)
5 5 5 E		Man. 16/168 ST. John The Bablish New Freedo	m. Yorklato.
/	24	FUNIRAL DIRECTOR) 250, RECD, BY REGISTRAR 250 PERSTRAR'S	GNATURE
VR A15 (4) 30M REV. 1/68	\mathbb{Z}	Land Tringland En 1/ Dist Triccolom Va. DATE AN 18 1968 June	0
	1	The state of the s	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00454 00452 CERTIFICATE OF DEATH Last 2a. DATE OF DEATH 2b. HOUR 1. DECEASED-NAME (Type or print) Manth Hall Little Anna O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funding consists and campletely filled in by the funding the director, page 3 shauld be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1—shauld be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after a S DATE OF BIRTH 6. AGE (In years last birthday) 70 requires that the death certificate be executed within 24 hours after 4 RACE IF LINDER 1 YEAR White Female June 25, 1897 7o BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [NEVER MARRIED] U.S.A. WIDOWED | DIVORCED | Baltimore Md. 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR green address eake Manor N.H. during most of working life, even if retired) INDUSTRY Towson Medical 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? 1601 Levering Ave. Elkridge YES NO 15. MOTHER'S MAIDEN NAME First Middle 14 FATHER'S NAME Middle Lost Lost Little Francis Thomas Catherine Wilmer 17 INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. Address Yes, no, or unknown) (if yes give war or dates of service) Catherine Parr 100 Park Lane, Balto. PNEUMONIA DUE TO, OR AS A CONSEQUENCE OF PRICE CZ y in fex tion Conditions, if ony, which gove) rise ta immediate couse (a), (stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ARtenius cleuvis, general - Antenius clenette haut disease. 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? CAUSES OF DEATH? YES | 2To. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) or CONTRIBUTING CAUSE OF DEATH
(If either, notify med col exominer) HOUR A.M. Manth Day Year 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 16/37, 1967, to 16/11-12, 1968, that (I) (we) last saw the deceased alive an 12-1968, and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED 1-12-68 ellerano MA DEGREE ATTENDING PHYS MED DIRECTOR 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) Cesar J. Pellerano 1311 Glenmont Rd., Balto., Md. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION 23b. DATE (County) (State) Burtat (Specify) Md. 1-15-68 Baltimore Loudon Park ADDRESS REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR H.W.Jenkins & Sons Co.4905 York Rd., Baltax



	u	MARYLAND STATE DEPARTMENT OF HEALTH	
		0.0455 Division of vital records, 301 W. Preston street, Baltimore, Maryland 21201	
(ATV)		CERTIFICATE OF DEATH	00453
(=]~\\\		CEASED-NAME EILEN Christine Last 2a. DATE OF DEATH Month Day	2b. HOUR
death.	(ype or print) Ellen Christine Lloyd Jan. 11	1968 8:10pM
fur	3. SI	X 4. RACE S. DATE OF BIRTH 6. AGE (in years IFU	INDER I YEAR OF JINDER 24 HRS. THIS DAYS HOURS MIN.
s af the age rs af		Female white 5-2-96 ost birthdoy) YRS. MONI	INS DWIS BOOKS WIR.
by by	7o.	IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
d ir pers		" Mol. No. S. A. WIDOWED □ DIVORCED □ Baltimore County	Md.
fille fille thin		ITY OR YOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 12 USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.)	2b. KIND OF BUSINESS OR INDUSTRY
rbar /		Mount Wilson State Hosp. Navvs	
ATENDING PHYSICIAM: The law requires that the death certificate be executed within 24 haurs after feath stained by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician and campletely filled in by the funecal should be detached far use as the burial-transit permit. Then please remove carban papers. Pages I and tith the State Dept of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death in the State Dept of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death in the State Dept of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death at the State Dept of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death at the State Dept of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death at the State Dept of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death at the State Dept of Health prior to burial, cremation, are removed.		USUAL RESIDENCE (Where deceased lived if institution. Residence before 33 COTY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER SSION) STATE Md. 13b. COUNTY 13d. INSIDE CITY LIMITS?	Ang Balto.
d co mov	14	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
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ate ician leas	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address 17. INFORMANT Address	
obys		es, no or priknown) (If yes give war or doles of service) 230-36-0779 Records, Mt. Wilson State Hos	
ng p The		18. CAUSE OF DEATH (Enter only one couse per him for (a), (b), and (c).) PART I DEATH WAS CAUSED BY PART I DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eath endi		18. CAUSE OF DEATH (Enter only one couse per Imo (or (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) LUCTOSIN AND EMPLOYEE PART I DEATH WAS CAUSE (o)	
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trail by cre	1	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
uire gne gne irial		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
The faw requires th attending physician, has been signed by se as the burial-tra th prior ta burial, cre	l	TAKE 2. OTHER SIGNER COMMINGS COMMINGS TO DEATH DOT NOT KEETED TO THE TERMINAL DISEASE OF COMMINGS OTHER PART (4)	
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The Taw ra attending has been se as the th prior ta	CERTIFICATION	YES NO CAUSES OF DEATH?	
AN: The of ar at icate ho far use Health		210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item	18.)
ICIA of far affice of H	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19	
ING PHYSICIAN: by the haspital ar ffer this certificate be detached far u state Dept af Heal	墨	21d INJURY OCCURRED 21B. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f (DCATION Street of R.F.D. No. City of Town	ounty State
the thirder		at wark 🗀 at wark 🗀	
DIN by Stat		22a. I certify that (I) (this haspital) attended the deceased from 12-22, 1967, ta 02-1/1968, and that in (my) (aur) apinion death occurred an the date of	E, that (I) (we) last
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OR ATTENI be retained DIRECTOR: A je 3 should ed with the	П	226. SIGNATURE ATTENDING MED STAFF 22c. DATE	
OR be r	ш	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	-12-68
ITAI may XAI Pag be fi		PHYSICIAN'S (22e ADDRESS MAME (Type) William Newcomer, M.D. 22e ADDRESS Mount Wilson, Maryland	
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	24	PUNIERAL DIRECTOR ADDRESS 250 RECTO BY REGISTRAR 6 1968 TRAPES 1968	SATURY Outer
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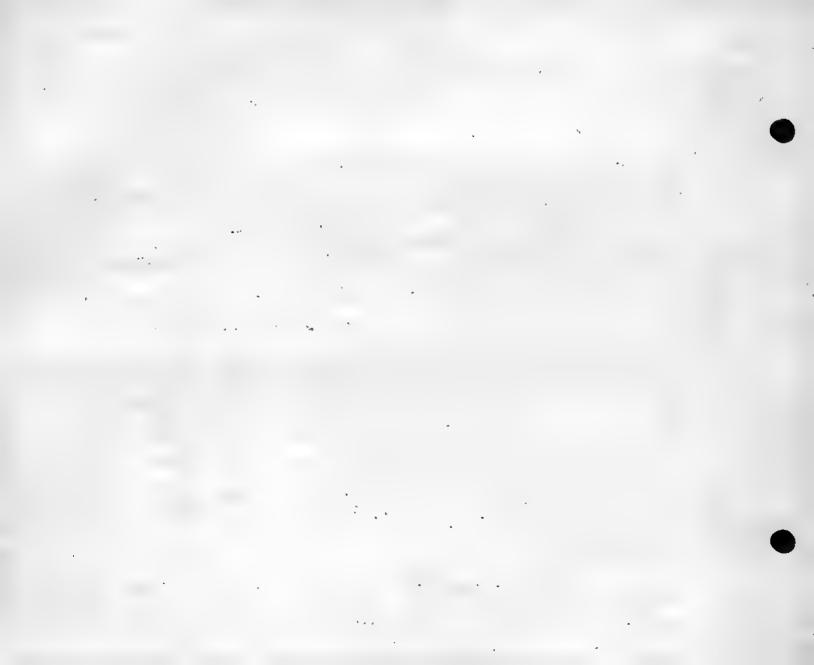


MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00456 00454 CERTIFICATE OF DEATH Middle Last 1. DECEASED-NAME 2a. DATE OF DEATH 2b. HOUR PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death (Type or print) Clarence A. Long Manth Yeor 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost hirthday) OAYS Male White 12/5/1885 7a. BIRTHPLACE (State or foreign country) Baltimore Co. 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED [7] NEVER MARRIED 9. COUNTY OF DEATH U.S.A. DIVORCED [XXXXXX Baltimore WIDOWED [T] 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR and in any event, within give street address) during most of working life, even if retired)
Carpenter INDUSTRY Baltimore St. Joseph Hospital

130 USUAL RESIDENCE (Where deceosed lived, if institution, Residence before 1:3c CITY OR TOWN Construction 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b KOUNTrimore Co. admission) STATE Cockeysville YES NO 🖵 218 Ashland Rd. 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Middle Last Rosella John Wartman Long 16a. WAS DECEASED EVER IN U.S ARMED FORCES?
Yes, na, or unknown) (If yes give war or dates of service) Gattenspring Ave. 16b. SOCIAL SECURITY NO 17. INFORMANT burial, cremotion, or removal, Mrs. CatherineRakery Brooklandville, Md. 218-03-7374 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b) ond (c).)
PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) Lober pnew BETWEEN ONSET AND DEATH Lobar pneumonia DUE TO, OR AS A CONSEQUENCE OF signed by the bursal-transit p Conditions, if any, which gave) Cerebral ischemic infarction rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🛖 NO 🖂 TO FUNERAL DIRECTOR: After this certificate ha director, page 3 should be detached for use should be filed with the State Dept. of Health | 21g ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item IB.) OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) HOUR A.M. Month Day Year 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Not while of work 220. I certify that (4) (this hospital) attended the deceased from 2/22 , 19 67 to 1/23 , 19 68, that (4) (we) lost saw the deceased alive an 19 00, and that in (my) (aur) opinion death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the body ofter death. 22c DATE SIGNED **ATTENDING** MED DIRECTOR STAFF \mathbf{x} January 24,1968 DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S Inez Cilliani, M.D. 7620 York Rd., Towson, Md. 21204 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCATION (City or Town) 23a BURJAL, CREMATION, (County) (State) REMOVAL (Specify) 1-26-68 Jessops Methodiat Cem. Cockeysville Maryland DATE JAN 2 6 1968256 RESTRANS SEMAJULIANE 24. FUNERAL DIRECTOR 1090 Pork Rd. Wm. Mook-Brooks Towson Inc. Towson, MD. 21204



. 1	A	DIVISION OF V		D STATE DEPARTME 301 W. PRESTON STRE				
	0045	DIVISION OF V		ERTIFICATE OF D	-	MAKILAND 21201	00455	
	DECEASED-NAME (Type or print) A1	First melia	Middle E .	Louden	20. D/ Jan	ATE OF DEATH Month	Day 29 Year 196	26. HOUR 8 A
3	Female	4 RACE Whi		S. DATE OF BIRT		6. AGE (In years last birthday)		HOURS MIN.
7a co	BIRTHPLACE (State or foreign untry) Maryland	U.S.A.		8. MARRIED NEVER MARRI WIDOWED A DIVORCI	EU	ry of DEATH 1timore		Mc
	CITY OR TOWN OF DEATH Parkville	give str	eet oddress) 1 306		12a USUAL OCCUP	ATION (Kind of work do orkyga life, even if retired TOME	ne 12b. KIND OF BU INDUSTRY	JSINESS OR
13c	usual RESIDENCE (Where of mission) STATE Mary.	leceosed lived, if institution Land 13b COUNTY	n. Residence before			3e. STREET AND NUMBER 1306 Hillst	ay Court	
L	FATHER'S NAME First France		Rode		DEN NAME First t Mc Alis	Middle ter		Lost
16	o. WAS DECEASED EVER IN U. Yes, To Or unknown) (11 ye	S. ARMED FORCES? Is give war or dates at service)	6b. SOCIAL SECURITY N		ouden, 13	Address OG Hillsway		
VIEON	Conditions, if any, which rise to immediate couse stating the underlying clast. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS (o), DUE TO, OR AS (c) (c)	A CONSEQUENCE OF A CONSEQUENCE OF	Levotac Car	dis vasc			caro
MEDICAL CERTIFICATION		REYING 216 TIME OF I OF DEATH HOUR A M. examiner) P.M.	NJURY Month Day Year	YES	RRED (Enter nature o	CAUSES OF DEATH? of injury in Port 1 or Port City or Town		State
	White Not white at wark 22a. I certify that (I saw the decease		nded the decease	ed from feele, 9 6 2, and that in (my)	, 19 <u></u> 3_ - &; to) (our) opinion de	o Jan 29, eath occurred an the	,	
	22d PHYSICIAN'S	illiam M.	onway	DEGREE ATTENDING PHYS 22e. ADDRE	DIRECTOR ESS	□ STAFF □ □ ch Raven Bl.	1/31/68	>
	REMOYAL (Speely)	23b. DATE 1 Feb 68		CEMETERY OR CREMATORY	23d. L	OCATION (City or Town)	(County)	(State)
24	FUNERAL DIRECTOR L	neral Home,	ADDRESS	2	DATE FEB	Ltimore Cou RAR 25b REGISTR 2 1968	ARS S GNATURE	453



1 1			DIVISION OF	MARYLAN VITAL RECORDS,		DEPARTM!			AND 21201		
1 1	0645	5	DIVIDION OF			CATE OF I		ioke, marri	JAND EIZO	00456	3
ician and campletely filled in by the funeral lease remove carbon papers. Pages 1 and 2 and in any event, within 72 hours after deapth.	DECEASED-NAME (Type or print)	First		Middle		Lost		20 DATE OF DE	ATH Month		2b HOURA
E P		Wade		H		LOUGH		Janu	ary L	1.950	12:30
	SEX		4. RACE			S DATE OF BUS		16.	AGE (In years ast birthoay)	MONTHS DAYS	F JNDER 24 HRS HOURS MIN
-	Male		Whi		0		**************************************			RS.	
- 1	a BIRTHPLACE (Sta		b. CITIZEN OF WH		MARRIED WIDOWED	NEVER MARK	RIED 🗍 🤼	COUNTY OF DE			
l _i	West O. CITY OR TOWN (Virginia DE DEATH	U.S.A	ME OF HOSPITAL OR INS	TITUTION (IF r	nat in baspital		OCCUPATION (Ki	timore	ne 12b. KIND O	F BUSINESS OR
P	Towson		give st St	reet oddress) . Joseph 1	Hospit	al	during mos	t of working life CK Masor	, even if retired 1	I.) INDUSTRY	, bushings on
Ī	30 USUA, RESIDEN dmission) STATE	CE (Where deceases	l lived, if institution	n: Residence before	13c CITY OF	R TOWN	13d. INSIDE CITY EART	9271	AND NUMBER		
Ŀ	Nar	wrand				imore	YES NO E	_ 0119_	Conduit		
1	4. FATHER'S NAME	First	Middle	Lost	1:	s mother's ma	IDEN NAME Firs	it	Middle		Last
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	Yes, no, or unkno	EVER IN U.S. ARME	Ordates of service)	16b SOCIAL SECURITY N		INFORMANT			Address		
F	Ies	IN YO		2311-21:-75		irs Pear	cl long	h	Denia	APPRO:	(MATE INTERVAL
	18 CAUSE OF			e far (a), (b), and (c)						DETWEEN	ONSET AND DEATH
	485	TREBARDIAY	E CAUSE (o)	lateral s	uppur	ative b	roncho-	pneumon:	1a		
		any, which gove)	DUE TO, OR A	S A CONSEQUENCE OF							
,	rise to immed	liate cause (a),	(b)	T I CONTROLLENCE OF		···					
/	stating the u	nderlying couse		S A CONSEQUENCE OF							
		P SIGNIFICANT CONF	(c)	ING TO DEATH BUT NO	OT DELATED T	O THE TERMINAL	DISEASE OP COL	NDITION GIVEN IN	DAPT 1/al		
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	190. DATE OF O	PERATION 19b. CO	ONDITION FOR WHI	CH OPERATION WAS PE	RFORMED	20o. AUTOR	PSY?			S CONSIDERED IN	CERTIFYING
E.						YES 🔀	NO 🔲	CAUSES OF	DEATH?		
		WAS UNDERLYING			21c. H	OW INJURY OCCI	URRED (Enter r	nature of injury in	Part I or Port	2, Item 18.)	
	OR CONTRIBUT	NG CAUSE OF DEATH fy medical examine	r) HOUR A.M.	Month Day Year							
١	₹ 21d INJURY C While \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	CCUPPED 21e P	LACE OF INJURY	AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC.	TÖRY) 21f. L	OCATION Street	or R.F.D. No.	City or	Town	County	State
1	22a, I certi	fy that (#) (this	hospital) atte	nded the decease	ed fromNo	vember	29, 19.6	Z, to Jar	nuary 4	1968 , the	t (A) (we) last
1	sow th	ne deceased oli	ve on Jani	nded the decease nary 4, 1 did not) view the	9 <u>58</u> , on	d thot in (my	y) (our) opini	ion death occ	urred on the	dote and hou	ond from the
			(I) (we) (did) (did not) view the	body atter	death.			1 4	A DATE CIONES	_
	22b. SIGNATUR	. /	9		DEG	ATTENDIN	G MEI	D. SECTOR P		anuary 4	1968
	22d. PHYSICIA	N C	~ ~ (min	-	11112				_	*
	NAME (Ty	pe) Law	rence F.	Misanik,						d. 21204	·
7	30. BURIAL, CREMA	TION, 23b D		23c NAME OF				23d. LOCATION ((County)	(Stote)
	Biria I	1/8	/68	Grandy	lew Me	m. Gard	ens	Bluefi		/irginia	
	24 FUNERAL DIREC			ADDRESS	7.3		2So. REC'D BY		256 REGISTRA	AR S SIGNATURE	m
	Leonar	d J Ruck	Inc 530	5 Harford	KOL		DUTA N	5 1968		0 0	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00457 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME First Middle 20 DATE KNOWN Month Doy 2b. HOUR Yeor (Type or Print) P. JOSEPH 1:30 LOWRY Jan. 15, 168 DEATH MATED 6 AGE (In years IF LINDER 1 YEAR F JNDER 24 HRS 2c. DATE PROMOUNCED DEAD 4 RACE 3 SEX S DATE OF BIRTH 2d HOURA Jan. Doy 15, Year 19 68 Aug. 25. 1925 Male White 1:30 pages I and 2 with the State Depart 7a BiRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED country) Maryland U. S. A. Baltimore WIDOWED | DIVORCED [] in Item 18. Give Poges 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Dundalk Road 130 USUAL RESIDENCE (Where deceased lived, if institut on Residence before 13c CITY OR TOWN 3d INSIDE CITY L MITS? 13e STREET AND NUMBER odmission) STATE Maryland 13b (OUNTY 8213 Kavanagha Road Baltimore YES NO Dundalk ofter 14 FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME Middle Lowry Sr. Stoffel Robert Irma K. hours ADDRESS Md. 21220 17. INFORMAN Brother) 16b SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? in penc.l 220-14-4658 Yes go, on unknown) 1 5 (13 es an of blates of service) Mr. John H. Lowry, 502 Crisfield Rd. Balto. APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (o) SUICIDE be executed permit. BETWEEN ONSET AND DEATH "pending" DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND T ON GIVEN IN PART 1(a) 19a. DATE OF OPERATION 20. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES [NO SE 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 3 should PRIMARY OR CONTRIBUTING Shot self in forehead :30 Jan. 150 CAUSE OF DEATH 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County 21e. PLACE OF INJURY (At home, form, street, State factory, office building, etc.) 8213 Kavanaugh Road Dundalk Baltimrore, Md. Home 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection X Inquiry and in my apinian death resulted from: Suicide 3t. Hamicide Undetermined manner Natural causes Accident CHIEF MEDICAL EXAMINER 22b DATE SIGNED ASSISTANT MED CAL EXAMINER 1-15-68 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 moy ro FUNE Health NAME (Type) ADDRESS(Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY
Baltimore National Cem. 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, 23b. DATE (County) (State) 1/18/68 Baltimore, Md. 25b. REGISTRAR'S SIGNATURE John J. Duda, 2Sq REC'D BY REGISTRAR 7922 Wise Ave. Duricalk. Md. VR ATSME



1	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	I.	tems 1, 16b, 23c FMEDICAL LYAMINER'S CERTIFICATE OF DEATH	0458
HEALTH DEPT. 🗵		DECEASED NAME First Middle Lost 20 DATE KNOWN Month Do	оу Үеог 26 ноці
5 m 2 m 3 m 3 m 3 m 3 m 3 m 3 m 3 m 3 m 3	L.	DWARD SOSEPH LYNCH, Jr. DEATH MATED 1/ 20	1968 p. /
	3 5		3d: 105
Physical Physics	- ·	Male White 8-28-I9I7 50 YRS MONTHS DAYS HOURS MIN Month January 20, BIRTHP.ACE (Stote or foreign 75. CITIZEN OF WHAT COUNTRY? 8 MARRIED TO REVER MARRIED 7 9 COUNTY OF DEATH	1968 p. A
- × a	COUT	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 9 COUNTY OF DEATH 9 COUNTY OF	
orth ages orth fo th fo	10. (CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 1/20 USUAL OCCUPATION (Kind of work done 1/2)	6 KIND OF BUSINESS OR
e ¥ ±		Parkville give street oddress 3104 California during most of working life, even if retired.) INI Foreman Elliott	Brandt Co.
s after 18. Give olong with the death.		D. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER	220100 000
178 o 1 188 o 12 w	<u> </u>	Maryland 13b (Ount) Parkville YES NO X 3104 California	
14 hours of the softe	14 1	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Will	Liams Lost
I within 24 in pencil in Examiner s Examiner s File pages		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, Menknown) (Hyes give wor or dotes of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Frances L. Lynch Same	· · · · · · · · · · · · · · · · · · ·
with per xar		KID OI 1110 THOUSE BY BUILD GENER	APPROXIMATE INTERVAL
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Lobar Pneumonia	BETWEEN ONSET AND DEATH
xecute nding: Medical permit		DUE TO, OR AS A CONSEQUENCE OF	
d be ed 'perd' 'perf' (Chief irransit		Conditions, if ony, which gove	
		rise to immediate couse (a). stoling the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
sha a th our		lost (c)	
ord the cond		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(0)	
is certific te, writin farward fa used as	NOI	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
is certii farwal e used remova	CERTIFICATION	WAS PERFORMED?	YES X NO
o d p	ĆER!	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	
NER: Thi certificat hould be should be should by trian, ar r	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
EXAMINER: ute the certing age 4 should your files. Page 3 should to cremotion, cremotion,	ME	21d IN.JRY OCCURRED WHILE AT WORK AT WORK AT WORK AT WORK 21e. PLACE OF INJURY (At home, form, street foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
Stal Blease exect director Population of DIRECTOR:		22a certify that I taak charge of the remains described above, held an Autopsy [X], Inspection [], Inquiry [], death resulted from: Natural causes [X], Accident [], Suicide [], Hamicide [], Undetermined manner []	and in my apiniar T
please e director retained.		CHIEF MEDICAL EXAMINER	1
· · ·		ACTUAL SIGNATURE / ICC S	NED
DEPUTY ecessary, p er funeral may be re FUNERAL ealth prior		Merner Shirt M 1	1/68
necessary, property in the funeral s may be roo Funeral Health pro	32.0	ADDRESS(SHEET LITY TOWN, OF COUNTY)	
F	730	Burial CREMATION, 23b. Date 23c NAME OF CEMETERY OR CREMATORY 23c LOCATION (City or Town) (Constitution of Control of Con	ounty) (State)
(M)		FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 250 REGISTRAR 5.51G	NATURE
VR A15ME (3) 10M REV 1/68		Leonard J. Ruck Inc. Balto. Md.	The Park



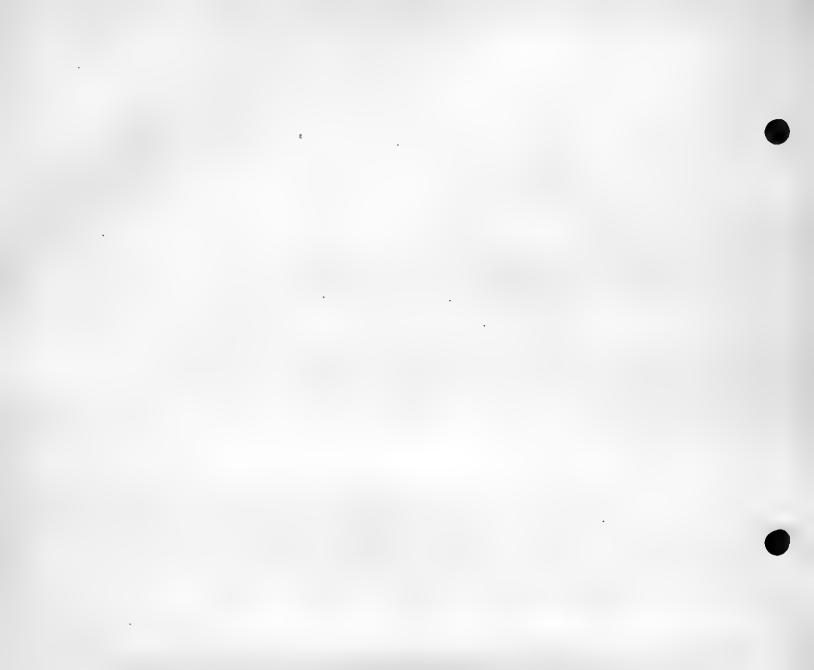
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00459 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR (Type or print) Maeth GEORGE LYNCH, JR. JANUARY 4. RACE S DATE OF BIRTH IF JNDER 1 YEAR 3. SEX 6, AGE (In years RE UNDER 24 HRS. lost birthday) the attending physician and campletely filled in by{the DAYS NEGRO 5/1/21 MALE burial-transit permit. Then please remave carban papers. P&burial, crematian, or remaval, and in any event, within 72 hours requires that the death certificate be executed within 24 hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED NORTH CAROLINA U.S.A. BALTIMORE COUNTY. WIDOWED | DIVORCED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR VET AD AUTOMOBILE during most of working life, even if retired.) FORT HOWARD HOSPITAL 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIM 152 13e. STREET AND NUMBER BALTIMORE CITY YES 😱 NO [1227 N. Patterson Park Ave BALTIMORE MARYIAND 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First M dele First _ast LYNCH, SR. GEORGE BERTHA HOOD 16b. SOCIAL SECURITY NO. 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes no or unknown) 239 12 90 61 CLIN. RECORDS. VA HOSPITAL, FT HOWARD. MD 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY MENINGIOMA, POSTERIOR FOSSA IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital ar attending physician. stating the underlying cause 2 X3 X PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ertificate has been sed far use as the b BRONCHOPNEUMONIA, BILATERAL 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO K YES 🗍 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) PM. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a I certify that (1) (this haspital) attended the deceased from 12/15/64 saw the deceased alive an 1/10/68 19 and that in (m) 1/16/68 19 , to_ and that in (my) (our) apinion death occurred an the date and hour and from the Page 4 may be retained o FUNERAL DIRECTOR: causes stoted above, (1) (we) (did) (did net) view the body ofter death. 22° DATE SIGNED 1/16/68 22b. SIGNATURE ATTENDING MED. DIRECTOR STAFE PHYS. DEGREE PHYS 22d. PHYSICIANS 22e. ADDRESS NAME (Type) JOHN D. TALBERT, M. D. VAH FORT HOWARD, MARYLAND director, p 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION. (County) (State) REMOVAL (Specify)

PLIRITAT.

24. FUNERAL DIRECTOR BALTIMORE, MD. BALTIMORE, NATIONAL 30M REV. 1X 1701 N. Patterson Park



, 1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1	00462 CERTIFICATE OF DEATH
death.	1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
fun de	a. STATE A D b. COUNTY D T
after 1	b. CITY OR TDWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)
1 2 2 10	WITH RUNAL and give nearest town)
	- rosedale Daya.
72 Japes	2557 PULL ANG PULL RULL A ASS S LAM ILL UNA FARM
in (3. NAME OF First Middle last 14. DATE Month 2 Day Year
executed within 24 It and completely filled remove carbon paper in any event, within 72	3. NAME OF DECEASED (Type or print) PALMER Middle Last 4. DATE OF DEATH 1968
con con ve eve	5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS.
be execusional properties and in any and in any	MIDDWED DIVORCED 1///7 /7.1/10 4-9 vrs.
	DB. USUAL DCCUPATION (Give kind of work done 10b. KIND DF BUSINESS DR during most of working life, even if retired) 10b. KIND DF BUSINESS DR (DUNTRY) 12. CITIZEN OF WHAT COUNTRY?
e b rsici leas and	TEACHER EDUCATION ROARING SPRINGS, PA U.S.A.
icat phy	13. FATHER'S NAME
certificate be ending physician and please regreener removal, and in	DAVID A. LYNN MALISSA PRICE
ath cert attendin rmit. Tr	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address (Yes, no. or unknown) (If yes give war or dates of service)
leat e at cerr	YES WIWIT 174-16-8363 MPS. MAPG. LYNN BALTO. MD.
re c	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]
at the same of by transfer or	PART I. DEATH WAS CAUSED BY: Orlingry Otherson
PHYSICIAN: The law requires that the death certificate be the hospital or attending physician. this certificate has been signed by the attending physician detached for use as the burial-transit permit. Then please bept. of Health prior to burial, cremation, or removal, and is	Conditions, If any, which) DUE TD tensor Left of the Carolin Paraden March Month
uire g ph sn s bu	gave rise to immediate
requir nding p been the by or to b	cause (a), stating the DUE TD underlying cause last.
law red tttendir has be as th prior	
I: The Is at or at inficate he for use Health	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED YES NO NO DR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)
Train for the form	2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Pert II of Item 18.)
HYSICIAN te hospit this certi stached Dept. of	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSICIAN: The law the hospital or atten this certificate has detached for use as e Dept. of Health pric	ZDC. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	2Dc. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) while at work of the
	21. I certify that (I) (this hespital) attended the deceased from ///// 1965, to //// 3 1965, that (I) (we) last
OR ATTENDI / be retained DIRECTOR: A gg 3 should led with the	saw the deceased alive on 1968, and that death occurred at 51 M, from the causes and on the date stated above.
<u>ω</u> (Ω >-	22a SIGNATURE 22b. DATE SIGNED
- > 0 8 9	MED. STAFF DIRECTOR D
PIT PIT Por, be	22c, PHYSICIAN'S NAME (Type) (-M. BBUN 43 YON) 22d. ADDRESS 12 212 37
Page 'Page '	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DE CREMATORY 23d. LOCATION (City, town or county) (State)
01 01 08	Burial 1/8/68 Alto-Rest Cem Alleghenny Township, 16.
	FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE
VR A15 (4) 15M 4-64	WM. J. McFner & Sona N. 41a. Web John 8 1968 Jollanes Judge
2011 7:07	Ballo Pol.



	1066 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201			
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00461		
HEALTH-DEPT.	1 DECEASED NAME First Middle Lost 20. DATE KNOWN [87] Month Day	Year 2b HOUR		
~	(Type or Print) ELIZABETH V. MAEZULLO OF ESTI- DEATH MATED 1 22	19 68 9:34		
5 m (2)	3 SEX 4 RACE S DATE OF BIRTH & AGE (In yours I F UNDER 1 YEAR IN UNDER 24 HRS. 20 DATE PRONOUNCED DEAD	2d HOUR		
2, and 3 Page Page Page Page Page Page Page Page	Female White 1-13-1912 lost birthdoy) MONTHS DAYS HOURS MIN. Month January 22	Year 19 68 9:304		
436	7g BIRTHPLACE (State or fareign 7b CITIZEN OF WHAT COUNTRY? R MARRIED NEVER MARRIED Q COUNTY OF DEATH	a		
	country) Baltimore U.S.A. WIDOWED DIVORCED Baltimore	Md		
ofter death 8. Give Poges 1, olong with right. with the State Defeath.	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITA. OR INSTITUT ON (If not in haspital 120 USUAL OCCUPATION (Kind of work done 12b	KIND OF BUSINESS OR		
The page	Glenarm	3181		
s ofter 18. Giv olong with death.	130 USUAL RESIDENCE (Where deceased eved, funstitutian Residence before 13c CITY OR TOWN admission) STATE 13b. COUNTY Glenarm YES NO			
115 (ce o ce o r de	MQ Balcimore X 24/-50 Manor Ro	1		
24 hours ofter death in them 18. Give Poges r's Office along with total set 1 and 2 with the State rs ofter death.	I4. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Elizabeth Leibaugh	Lost		
	166 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give wor or dates of service) 212-03-2942 Marguerite D. McManus 118 Edgewo			
wthin n pencil Examine File pog	(Yes, no or unknown) [If yes give wor or dottes of service) 212-03-2942 Marguerite D. McManus, 118 Edgewo			
be executed "pending" in ite Medical Es	18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c))	APPROXIMATE INTERVA, BETWEEN ONSET AND DEATH		
be executed "pending" in iief Medicol E nisit permit F event within	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease			
exd end if p	DUE TO, OR AS A CONSEQUENCE OF			
ld be erd "per Chief I fronsit	Conditions, if only, which gave answer to immediate cause (a), (b)			
should e word o the Ch ourial fro	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF			
- S = 0 = 1 = 1	(c)			
This certificate shoult cate, writing the wor be forworded to the be used as a burial?	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)			
This certificate, writing be forward do be used o or removal.	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20 AUTOPSY?		
s certi e, writ forwal used emova	WAS PERFORMED?			
the early per la	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2 a EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18	X		
=	PRIMARY OR CONTRIBUTING HOUR A.M.	',		
INE short files 3 short artic	CAUSE OF DOM	unty State		
necessary/please execute the certification of the function of the function of the form of the function of the	WHILE MOT WHILE foctory, office building, etc.)	3,0,0		
Fed Por Port of Part o	22a. I certify that I taak charge of the remains described above, held an Autapsy 🔀 Inspection 🗌, Inquiry 🔲,	and in my apinian		
se exector Pour Pour Pour Pour Pour Pour Pour Po	death resulted from Natural causes X, Mccident , Suicide , Hamicide , Undetermined manner			
leose directo province DIREC	ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER			
AAL Prior	SIGNATURE AND ASSISTANT MEDICAL EXAMINER AND ASSISTANT MEDICAL EXAMINER AND ASSISTANT MEDICAL EXAMINER	ED 22, 1968		
necessary, please e the funeral director S may be retained to FUNERAL DIRECT Health prior to but	EXAMINER'S DEPUTY MEDICAL EXAMINER	3 3 30		
he the tech	NAME (Type) Edward F. Wilson D. County) 236 BUR AL, (REMATON, 236 DATE 237. NAME OF TEMPTERY OR (REMATORY 236 LOCATION (City or Town) (County)			
55 + 25 +	REMONALISECTIVE T - OF TOCO	,,		
3	Jan. 25.1968 Lorraine Woodlawn, Baltimor 4 FUNERA, DIRECTOR ADDRESS 250 RECD BY REG STRAR 250 REGISTRAR 5 5 GWA	e Md.		
VR A15ME (5)	Wm. Cook-Brooks Towson, Towson, Md. 21204			
10M RE√ 1/68	1 DAILON TO 1000 1000 1000	1 1 1		

MAKTLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 00464 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00462 DECEASED NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR death (Type or print) Month Yeor Elizabeth MARINO A. M Anna 1968 January after 3 SEX A RACE S. DATE OF BIRTH 6. AGE (In years IF LINGER I YEAR IF UNDER 24 HRS PHYSICIAN: The law requires that the death certificate be executed within 24 haurs often signed by the attending physician and campletely filled in by the burial-transit permit. Then please remave carban papers. Pages burial, crematian, or remaval, and in any event, within 72 haurs after last birthdoy) MONTHS DAYS HOLES Female September 1,1883 White 7a BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 76. CITIZEN ATT WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) Baltimore Maryland

10. CITY OR TOWN OF DEATH WIDOWED TT DIVORCED | 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during mast of working life, even if retired)
Homemaker give street address) INDUSTRY Towson 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before, 13c, CITY OR TOWN 13e STREET AND NUMBER Maryland 13b. COUNTY YES NO Lusby 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First, Middle Kool 16a WAS DECEASED EVER IN U.S. ARMED FORCES?

Yes, no. or unknown) | If he bive war or doles of service) 166 SOCIAL SECURITY NO 17 INFORMANT Yes, no, or unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Pulmonary embolism DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) (b) Congestive heart failure rise to immediate couse (a) DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause (d) Arteriosclerotic heart disease PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been d far use as the af Health priar ta 190, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? 2Db. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 12/10/67 NO 🖂 Gangrene right foot YES DO 210. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City of Town County State While Not while ct work 22a. I certify that 10 (this hospital) attended the deceased from 12/7/ , 19 67 , to 1/16/ , 19 68 , that (14 (we) lost saw the deceased alive an 1/16/ 19 68, and that in (my) (our) opinion death accurred on the date and hour and from the couses stated abave, (1) (we) (did) (did not) view the body after deoth. 22b SIGNATURE 22c DATE SIGNED ATTENDING January 16,1968 DEGREE PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S Lawrence F. Misanik, M.D. NAME (Type) 7620 York Rd., Towson, Md. 21204 directar, I Shauld be 23a BURIAL, CREMATION, (State) REMOVAL (Specify) FUNERA DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06465 00463 CERTIFICATE OF DEATH 1. DECEASED-NAME F_irst Last 2a. DATE OF DEATH 2b. HOUR M requires that the deoth certificate be executed within 24 hours ofter deoth (Type or print) Manth 7:00 M Martha Marks F JNDER 1 YEAR 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years last birthday) Female 12/20/81 White 7a. BIRTHPLACE (State ar fareign ourial-itansit permit. Then please remove carbon popers. P burial, cremation, or removal, and in any event, within 72 hou 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED K DIVORCED | Baltimore U.S. and completely filled 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR during most of working life, even if retired) g've street address) Catonsville Catonsville Spring Grove State Hospt.

13a USUAL RESIDENCE (Where deceased lived, if Institution Residence before 13c. CITY OR TOWN 13c. 13e STREET AND NUMBER 13d INSIDE CITY JIMITS? 136 COUNTY 7147 Fairbrooks Road altimore 15. MOTHER'S MAIDEN NAME First Middle 14 FATHER'S NAME First Last Unbrown TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician director, page 3 should be detached for use os the burial-transit permit. Then please should be filed with the State Dept of Health prior to burial, cremation, or removal, and it 16b. SOCIAL SECURITY NO. 17 INFORMANT 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknown) (If yes give war or dates of service) Records: Spring Grove State Hospital BETWEEN ONSET AND DEATH Myocardial Infarction, acute, death min. DUE TO, OR AS A CONSEQUENCE OF hypertensive, Arteriosclerotic C.V.H.D. 10 years Conditions, if any, which gave inse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause (a) Arteriosclerosis, Generalized, senile PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(one action. 3wks. PNET MONITA, recent(2 wks.ago), treated, imp.; dehydration; penicillin
190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED | 200 AUTOPSY? | 200 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [Page 4 may be retained by the hospital or 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(If either, natify medical examiner) HOUR A.M. Manth Day Year 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street of R.F.D. No. 21d INJURY OCCURRED City or Town County State While Not while at work 220. I certify that (I) (this haspital) attended the deceased from 1/3/ , 1968 , to 1/16 , 1968 , that (N) (we) lost sow the deceased alive an 1/16 , 1968, and that in (N) (aur) aprinion death occurred on the date and haur and from the causes stated above, (1) (we) (did) (did not) view the body after death 22c DATE SIGNED 226 SYGNATURE MED.
DIRECTOR 1-16-68 DEGREE 22e ADDRESS Catonsville, Md. 21228 224 PHYSICIANS NAME (Type) > Antiony J. Moung, M.D. Spring Grove State Hospital 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) 230 BURIAL, CREMATION, ZE PICHADOND CO. (
25a. RECD BY REGISTRAR'S SIGNATURE WELCOME GROVE ADDRESS 1 28 Mds E. S. Mac Malls VR A15 (4) ychorles Judge 1968 30M REV 1/68 Warsaur Va

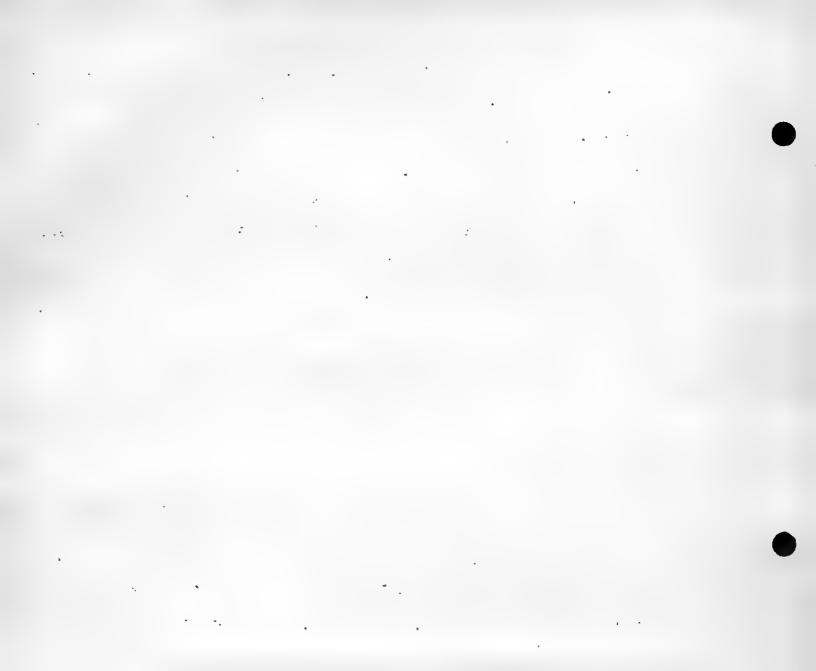


-	1	1046 to DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
1		CERTIFICATE OF DEATH 00464
£ -2=		ECFASED NAME First Middle Lost 2a. Date of Death 2b Hour
9 9 9	1	(ype or print) Charles Frances Marshall Month Doy Year 240 PM
B 基本量	3. 9	EX 4. RACE 5 DATE OF BIRTH 6. AGE (In years 1 sunder 1 year 1 sunder 24 hrs.
s af	L	Male cau. G-3-08 last birthday) MONTHS OAYS HOURS MIN
ने वे वे	7a.	BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
Peer in Peers.		PENNSYLVENIA UNITED STATES WIDOWED DIVORCED BAITIMORE MA
ië jij ei	10.	TOWSOLY 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) G. Reater Baltimore during most of working life, even if rehred) 12. USUAL OCCUPATION (Kind of work done give street oddress) G. Reater Baltimore during most of working life, even if rehred) 12. KIND OF BUSINESS ORS INDUSTRY A VIEW OF THE STILL OF THE ST
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phy en povol		MKNOWN CAMISSION MISTORY G/OF N. CHEVIES S)
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The after has see of the point	CERTIFICATION	YES NO CAUSES OF DEATH?
or of teal		210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) POR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Yeor
District Section 1997	MEDICAL	(If either, notify medical examiner) P.M. 19
hos hos ache	₹	21d. INLURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while
det det	н	at wark — at wark —
DIN Pby Sto Sto	н	220. 1 certify that (I) (this hospital) attended the deceased from 1965, and that in (my) (our) opinion death occurred on the date and hour and from the
ould be the	П	couses stated above, (1) (we)((did) (did not) view the body ofter death.
With State of State o	П	226. SIGNATURA ATTENDING MED. STAFF Zec. DATE SIGNED
DIRE DIRE	н	DIRECTOR PHYS. LSI XIII
Poge 4 may be retained by the hospital or attending physician. To HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove corban should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with		22d. PHYSICIAN'S MANUEL V. GATCHALIMIZZE ADDRESS 1 N. Charles St. Baltico. HD
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		1			ID STATE DEPARTMENT OF		
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	= JVII	1 DI	ECEASED-NAME First	Middle	Last	2g. DATE OF DEATH	2b. HOUR
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	\$ 2 % E	cant	ntry)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH Balto.	
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	requires that the death certificate be executed within 24 haurs a physician. I signed by the attending physician and completely filled in by the burial-transit permit. Then please remave carban papers. Pass burial, crematian, ar remaval, and in any event, within 72 haurs.	10. €	CITY OR TOWN OF DEATH	give street address)	idenna i	JAL OCCUPATION (Kind of work done nost of working life, even if refired) Wholesale Flum	12b. KIND OF BUSINESS OR INDUSTRY
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	hys al,		(es, no, or unknown) (If yes give wor	PI6-03-391	54-A Mrs. H.B. Mary	shall Garrison,	Md.
	g p			one cause per line for (a), (b), and (c)) /		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	PH e h		***************************************	OFFICE BUILDING, ETC.	1		
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	Aft be S	ш	saw the deceased ali	ve an	ed from 2/6/32, 19. 1963, and that in (my) (cor) a	pinian death accurred an the dat	te and haur and fram the
_	OR ATTENDING be retained by the JIRECTOR: After it e 3 should be de ed with the State		causes stated above,	(I) (We) (did nat) view the	bady after death.		
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	e 3 Ee		Valner L1	Willean	DEGREE PHYS.	DIRECTOR PHYS. D	m 31.68
	A P P P P P P P P P P P P P P P P P P P		22d. PHYSICIAN'S		22e ADDRESS	W477 - W4	
	ER PER C		NAME (Type) Dr.	Palmer F.C.Wi	LILIAMS	vings Mills, Md	•
	TO HOSPITAL Page 4 may TO FUNERAL I director, pag shauld be fil	230	BURIAL, CREMATION, 236 DA	ATE 23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
	Page Page Page Page Page Page Page Page		REMOVAL (Specify) Birial 2/	/1/68 St.	Thomas !	Garrison For	est. Md.
	- die	24	FUNERAL DIRECTOR			BY REGISTRAR 256 REGISTRARS	SIGNATURE
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\ kx	T+	DIVISION OF THE RECORDS, SOT W. TRESTON STREET, DALIMONE, MARIEMAN 21201	00466
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and ca	14	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Lost
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ertificate b physician ien please aval, and i	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) (If yes give wor or dones of service) 213-05-9256-D CRUATER IN LAW. 206 RIP C	- A A A
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ပ္ ≑ ္ မွာ ခ		at work of work 19 (this haspital) attended the deceased from 2457 19/67 to 2/4/27 19	w that (I) (wa) last
	П	22a. I certify that (I) (this haspital) attended the deceosed from \(\sqrt{\pu} \sqrt{\pu} \), \(19/6\sqrt{\pu} \), \(\text{to} \sqrt{\pu} \sqrt{\pu} \sqrt{\pu} \), \(19/6\sqrt{\pu} \), \(\text{to} \sqrt{\pu}	te and haur and from the
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OR ATTENDIN OR ATTENDIN DE retained by NIRECTOR: After B 3 shauld be ed with the Sta	П	ATTENDING ATTENDING TO STAFF	DATE SIGNED /
N. OR y be y be DIR age ?		22d, PHYSICIAN S 22e ADDRESS PHYS DIRECTOR PHYS J	710 27 68
MON MON PER		NAME (Type) SAMUEL O'MANSKY P523 LOCH RAVEN	PLUP.
O HOSPITAL OR ATTEND Page 4 may be retained O FUNERAL DIRECTOR; Al director, page 3 shauld should be filed with the S	230	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	
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VR A15 (4)	24	FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 256 REGISTRAR S	SIGNATURE
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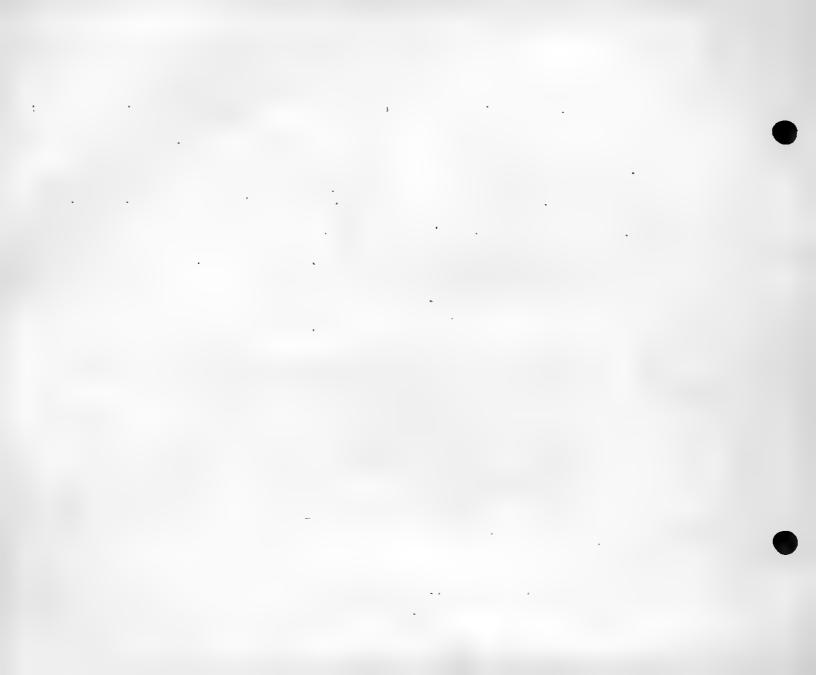
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00462 CERTIFICATE OF DEATH DECEASED-NAME First Last 2a. DATE OF DEATH (Type or print) Manth Adam HENRY MATEY Januarv 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR last birthday) 75 YRS. MONTHS I DAYS Male White August 1, 1892 requires that the death certificate be executed within 24 hours 70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED THE NEVER MARRIED country) Baltimore WIDOWED [7] DIVORCED [Mary and signed by the attending physician ond completely filled burial-transit permit. Then please remove corbon pape 10. CITY OR TOWN OF DEATH 13 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done event, within 12b KIND OF BUSINESS OR give street oddress) during most of working life, even if retired) INDUSTRY Towson 130 USUAL RES. DENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY JMITS? odmussion) STATE Maryland 13b COUNTY BAITINGEL YES NO D Baltimore 8508 Bassett Rd ond in onv 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First JChN MATEV ANNA 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Yes, no. or unknown) 8508 216.05.8669 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a)

Cerebral Cerebral hemorrhage DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) Generalized arteriosclerosis rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 1 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO TE 21a. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 21d. INJURY OCCJERED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while at work 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED DIRECTOR STAFF PHYS. January 22, 1968 DEGREE 22d. PHYSICIAN S 22e. ADDRESS Jaime Singzon, M.D. NAME (Type) 7620 York Rd., Towson, Md. 23d LOCATION (City or Town) 23a BURIAL, CREMATION 236 DATE 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) BAltingRE GARDENS OF FAITH CEMPTERY 24 FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) DATE AN 25 1211 ChESACO. AVE 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



1	1	MAKTLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	00468
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00.500
HEALTH ADDPT.	1. D	ECEASED-NAME First ANAGEX Lost 20. DATE KNOWN Month D	ay Year 2b HOUR
(2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	Type or Print) OF ESTI OF AND DEATH MATED 1 27	1968 5:30
Pelay -	3. 5	FX A PACE S DATE OF RIPTH & AGE IN years IF JMDER YEAR IF JMDER 24 HRS 20 DATE PRONOLINGED DEAD	2d HOUR
	١	ale Colored 9/22/16 at birthday) MONTHS DAYS MOURS Milk. Month Day 17.	Year 1968 5:30%
PA PA	70	BIRTHPLACE (Stote or foreign 75 CIT ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED X 9 COUNTY OF DEATH	1700 D:300
- E a	caur	utry) To C (1 & A	
ath any deld rages 1, 2, and th form PMS.	30 /		Md 2b KIND OF BUSINESS OR
24 hours offer death in Item 18. Give Pages 1, r's Office olong with formes lond 2 with the State Deirs offer death.	10. (nive street oddress) during most of working life even if retired.) IN	IDUSTRY
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hours offe Item 18. Gi Office olon 1 lond 2 with	14 F	ATHER 2 NAME 1421 WIGGE FOST 12 MOTHER 2 WAIDEN NAME LIEST MIGGIE	Lost
	12	Exther Maynor Tieda Musome	
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ecuted ving" in edicol Ex		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY.	BETWEEN ONSET AND DEATH
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ould vord he Ch iol-tra		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
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s certificate should be executed within 24 s, writing the word "pending" in pencil in forwarded to the Chief Medicol Exominer's used as a buriol-transit permit file pages smoval, and in any event within 72 hours		PART 2 OTHER SIGNIF CAN'T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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is certific te, writin forwards e used os removal,	AT 0	19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION	20. AUTOPSY?
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T 2 0 T	CERTIFICAT ON	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item	18.)
NER: T certifica hould b liles. should	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH PM 19	
(AMINER: the certile 4 should four files. age 3 shou	MED	21d NJURY OCCURRED 21e PLACE OF INJURY (At home, form, street 21f LOCAT, ON Street or R.F.D. No. City or Town	County State
		while many while foctory, office building, etc.)	
SICAL EXAMINER: please execute the cert director. Page 4 should etained for your files. DIRECTER: Page 3 shou or to burial, cremation,		AT WORK	
ICAL E executor. Pop ed for CTER: F burial,		22a. I certify that I took charge of the remains described above, held an p Autopsy x , Inspection , Inquiry ,	and in my apinian
ctov crov ECT		death resulted fram: Natural causes 😨 , \ Accident 🔲 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🗌	J
lease directoin toin DIRE		CHIEF MEDICAL EXAMINER	
ry, ple erol di be reto XAL Di prior		ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNATURE	GNED
outy ary, nerol be IERAL		EXAMINER'S DEPUTY MEDICAL EXAMINER	uary 28, 1968
o DEPUTY SICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your movement DIRECTER: Page Health prior to burial, crem		NAME (Type) EdwardF. Wilson, M.D. ADDRESS(Street, city, town, or county)	
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E C		B CAUSE OF DEATH (Enter only	one couse per line (4 M), (b), 9/d (c)	11/1/	1	APPROX BETWEEN	OMATE INTERVAL DNSET AND DEATH
- 2 - 2 - 3	Ш	PART I. DEATH WAS CAUSED IMMEDIATI	one couse per line (4 H), (b), and (c) BY: E CAUSE (o)	lall Caren	oura to 1	Draw	
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를 X	CERTIFICAT.ON			YES NO [CAUSES OF DEA	dH?	
0		210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCURRED (En	ter noture of injury in Pol	rt I or Port 2, Item 18.)	
T D	MEDICAL	(If either, notify medical examine	r) P.M. 1	9			
2	\$	21d. INJURY OCCURRED While Not while	LACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC	CIDRY.) 21f LOCATION Street or R.F.D. N	lo. City or Town	n County	Stote
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200	П	saw the deceased ali	hospital ottended the deceos	body after death.	pinion death occurre	ed on the date and hour	t (1) (we) last and from the
#			(I) (we) (did) (did nat) view the	body after death. 5	PM.1		
Σ⊞		22b SIGNATURE	1 - l ma	ATTENDING	MED STAFF DIRECTOR PHYS	22c. DATE SIGNED	17
ed		22d. PHYSICIAN'S	12m (/11)	DEGREE PHYS L	DIRECTOR L PHYS	1) //00//	00
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ould	230	BURIAL, CREMATION, 23b, DA	ATE 23c NAME OF	CEMETERY OF CREMATORY	23d LOCATION (City	or Town) (County)	(Stote)
£ 2	1	BURIAL, CREMATION, 23b, DA		CAINE CEMETER	Word	llawn M	4
A15 (4)	24	FUNERAL DIRECTOR	ADDRESS	2So. REC'D		b. REGISTRAR'S SIGNATURE	2.00
V. 1/68gg	W	"Cork- Brooks	lowson, Touts	a mol 200 DATE =	8 1 1968	gellandes you	agra -



MARYLAND STATE DEPARTMENT OF HEALTH 06472 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00420 DECEASED-NAME Earst Middle lost 20. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after deat<u>h</u> (Type or print) Month physician and campletely filled in by the funeral en please remave carban papers. Pages 1 dad oval, and in any event, within 72 haurs after deal 1968 WALTER SCOTT MAYS **JANUARY** 3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years IE UNDER ! YEAR IF ITNOFR 24 HRS last birthday) 76 MONTHS DAYS HOURS MALE WHITE NOVEMBER 20.1891 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH B. MARRIED (X) NEVER MARRIED MARYLAND U.S.A. DIVORCED [WIDOWED [BALTIMORE 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street oddress)
ST. JOSEPH HOSPITAL during mast atwarking life, even if retired) INDUSTRY TOWSON, MD. ST. ROADS COM 13g. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 136 INSIDE CITY JANTS? admission) STATE MARYLAND 13b. COUNTY YES [] NO F PARKTON MT. CARMEL ROAD #211:20 14. FATHER'S NAME M.ddle 1S. MOTHER'S MAIDEN NAME First Last burial, crematian, or removal, and 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (If yes give war or dates at service) Yes, no arrunknown) signed by the attending phy 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Multiple pu Multiple pulmonary emboli DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) Congestive heart failure secondary to rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse; (d) hypertensive arteriosclerotic cardiovascular disease PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending IO FUNERAL DIRECTOR: After this certificate has been #e 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 20a, AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES T far use NO J 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, EACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town State Caunty While Not while at wark 220. I certify that (1) (this haspital) attended the deceased from JANUARY 27, 188, to JANUARY 29 1968, that (1) (we) last saw the deceased alive on JANUARY 29 1968, and that in (my) (our) opinion death accurred on the date and hour and from the director, page 3 shauld shauld be filed with the couses stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED STAFF PHYS. ATTENDING MED. DIRECTOR January 29, 1968 DEGREE 22e_ADDRESS 22d. PHYSICIAN'S Ines Cilliani M.D. 7620 York Rd., Towson, Md. 21204 NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d ŁOCATION (City or Town) BURIAL CREMATION. 23b. DATE (State) REMOVAL (Specify) em. 250. REC'D BY REGISTRAR
DATE FEB 2 24 FUNERAL DIRECTOR VR A15 (45" 30M REV 1/68



			MAKYLAND STATE DEPARTMENT OF HEALTH
D 1	. 1		06473 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
T /	1		CERTIFICATE OF DEATH
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\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	471		
200		,,	YPE OF PRINT) ELIZABETH A. MCCAHAN JAN 31 1968 M
		3. SE	X 4 RACE S. DATE OF BIRTH 6. AGE (In years I FUNORE 14 HRS.
aft he ges off			F 11-16-1877 (a) HOURS MIN.
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be or in			MAWSON SMYRK ELIZARETH PARSLOW
ion ion assi		160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 1166 SOCIAL SECURITY NO. 117 INFORMANT Address
Sic			es, Aggrantnown) [If yes give wer or dates of service] . EI MEP & M2 (A 12DN 14 W 101 D C PRINC 1 DNE
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OR ATTENDING PHYSICIAL be retained by the hospital DIRECTOR: After this certifica ge 3 should be detoched for		G	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State
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the			at wark at wark
be the state of th			220. I certify that (I) (this haspital) attended the deceased from 6/1, 19/2, to 19/2, to 19/2, that (I) (we) lost sow the deceased alive an 19/2, and that in (my) (our) opinion death occurred on the date and hour and from the
Se dir A			sow the deceased alive an
E E SO SET			couses stored obove, (1) (we) (ata) (ata not) view the body offer deom.
A de Constant			22b. SIGNATURE ATTENDING ATTENDING STAFF 22c. DATE SIGNED
OR OR OF			DEGREE PHYS DIRECTOR PHYS. W
			22d. PHYSICIAN'S 22e. ADDRESS
RA m Per	- 1		NAME (Type) PAUL P. ZIEGLEX MD 200 CHESTNUTH, IN DR EXX, CITY)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		22.0	BURIAL CREMATION, 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
E G G G G G G G G G G G G G G G G G G G	Y	230	BURIAL, CREMATION, 23b DATE 23c. NAME OF CREMATORY 23d LOCATION (City or Town) (County) (State)
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30M REV, 1/	/68	16	dudne L. Welter 5311 EDMONDSON AVE DATE LE 2 1500 frances judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06474 00472 CERTIFICATE OF DEATH Middle DECEASED-NAME First 2g. DATE OF DEATH 2b. HOUR Page 4 may be retained by the hospital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fageral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. H. McCauley (Type or pont) January Month 28 Etta 6. AGE (In years last birthday) 3. SEX 4. RACE S. DATE OF BIRTH MONTHS Feb. 2, 1885 white female requires that the deoth certificate be executed within 24 hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) U. S. Baltimore WIDOWED PA DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.)
housewife SPRING GROVE STATE HOSP Catons ville 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 1/3c, CITY OR TOWN 13e, STREET AND NUMBER admission) STATE 13b COUNTY YES 🛐 4022 Walrad Street Balto. 14 FATHER'S NAME Middle Lost 1S. MOTHER S MAIDEN NAME First Last William Brighoff Marie BYXXX Beck 16b. SOCIAL SECURITY NO 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 213-03-2860D Records: SPRING GROVE STATE HOSPITAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART 1. DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, QR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause ens sause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 7 AVI 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSYA CAUSES OF DEATH? YES 🕥 NO [21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 1B.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, notify medical examiner) 21d. INJURY OCCURRED (AT HOME, FARM STREET, FACTORY,) 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D No. City or Town County Stote While Nat while 22a. I certify that (*) (this haspital) attended the deceased from Jan. 11, 19 68, to Jan. 25, 19 68, that (I) (we) last saw the deceased alive on 35 Au Jan. 19 68, and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE 22e ADDRESS SPRING GROE STATE HOSPITAL 22d PHYSICIAN'S NAME (Type) Catonsville, Md. 21228 23d LOCATION (City or Town) 23b DATE 23c. NAME OF CEMETERY OR CREMATORY (County) BURIAL, CREMATION Woodlawn, Maryland 1-31-1968 Lorraine Park Cemetery 2Sb. REGISTRAR'S SIGNATUR 25g. REC'D BY REGISTRAR Howard H. Hubbard , 4107 Wilkens Ave. 21229 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00475 00473 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death (Type or print) Lillian Edi th Month McCaulev 29 Year RA 3. SEX & RACE S DATE OF BIRTH 6 AGE (In years IE LINGER YEAR IE LINDER 24 MRS 7/26/79 last birthdoy) MONTHS HOURS White Female 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIEO NEVER MARRIEO **DEUNERAL DIRECTOR:** After this certificate hos been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the bunal-transit permit. Then please remove carbon ■apers. Should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 h≡ country) Maryland U.S.A. Baltimore WIDOWED X DIVORCED [12g. USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress)
Augsburg Lutheran Home Rural Saltimore 13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before 1/3c. CITY OR TOWN 13d INSIDE CITY JIMITS? 13e STREET AND NUMBER odmission) STATE Maryland 13b COUNTY 4203 Springdale Ave. Baltimore YEST NO 🗀 IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Xalfoldix First Middle Last Last Emelie John Suman Evans 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address (If yes give war or dates of service) Yes no, or unknown) 218-54-3998 6811 Campfield Road Paul A. Hauer 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if only, which gove rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying couse! PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 ADATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO [YES [21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY -21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.O. No. City or Town County Stote While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from fund 1952.10 Mm saw the deceased alive an 1965, and that in (my) (ser) opinion death occurred on the date and hour and from the causes stated above, (I) (via) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) ndm 23d. LOCATION (City or Jawn) BURIAL CREMATION NAME OF CEMETERY OR CREMATORY (County) 2Sb. REGISTRAR'S SIGNATURE 25g, REC'D BY REGISTRAR VR A15 (4) 30M REV, 1/68



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4	1. D	CEASED-NAME F	rst	Middle		Last	2a. DATE QI	DEATH		2b. HOUR
death death	(1	ype or print) GRACE	M.	Mc CL	ATCHIE			Month I Doy	10 Yeor68	8 A. M
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The law requires that the death certificate be executed within 24 haurs after death attending physician. has been signed by the attending physician and campletely filled in by the funeral se as the burial-transit permit. Then please remave carban papers. Pages Participh priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death	7a. (IRTHPLACE (Stote or foreign fry) Maryland	76. CITIZEN OF WHA	S.A.	B. MARRIED WIDOWED	NEVER MARRIED	9. COUNTY OF Balt	DEATH imore		Md.
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any e		ATHER'S NAME First	Middle	last	15. M	NOTHER'S MAIDEN NAME		Middle	mae T Tar	last
be e re	J	ohn B. Mooney	7				hannon			
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equires that the death certifi physician. signed by the attending phy burial-transit permit. Then burial, crematian, ar remava		18. CAUSE OF DEATH (Enter) Cerebr	al arterio	an lamani	^	BETWEEN ONS	ET AND DEATH
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or o		21a ACCIDENT WAS UNDERU	YING 21b. TIME OF			INJURY OCCURRED (Er		ry in Part 1 or Port 2,	Item 18.)	·
CCA Dital Diffice Diffice Of Ho	MEDICAL	OR CONTRIBUTING LAUSE OF	DEATH HOUR A.M.	Manth Day Year	9					
O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending of FENERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar to	ME	21d. INJURY OCCURRED While Nat while	10. PLACE OF INJURY		1	1 1		ar Town	County	State
ING by # fer 1 se d fate		220 certify that (1)	(this haspital) atter	nded the decease	ed from	1/3/, 19	6 X , to_	1/10/ , 19	68 , that	l) (wo) last
ATTENDING stained by the CTOR: After is should be dith the State	ı	22a I certify that (I) sow the deceased causes stated abo	olive an	ud not) view the	19 <u>66</u> , and t	hat fin (rihy) (our) a ath	pinion death	accurred on the de	ate and hour a	nd from the
ATT ATT Show with 3		22b SIGNATURE	11.0	1.00	Dody and do			22c.	DATE SIGNED	
OR be resident		new	u xoca	allen	DEGREE		MED. DIRECTOR	STAFF PHYS.	10/68	
ITAL O may be MAL MIP page be filed		22d. PHÝS CIÁN S NAME (Type) Mar	vin Goldes	tein. M.D		22e. ADDRESS 6001 Par	rk Heigh	ts Ave., B	altimore	Md
O HOSPITAL Page 4 may O FINNERAL director, pag	23a	BURIAL CREMATION. 23	Ib. DATE		CEMETERY OR CR			DN (City ar Town)	(County)	(State)
55 E E	F		Jan. 13, 19					more, Md.	, ,,	, ,
VR AVS 7.		FUNERAL DIRECTOR Cook-Brooks					BY REGISTRAR	25b. REGISTRAP S	SIGNATURE	Les



1		MARYLAND STATE DEPARTMENT OF HEALTH	
or (IV)		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0.0.0
FOR STATE	١.	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00425
HEALTH DEPT.		ECFASED NAME First - Middle Lost 20 DATE KNOWN D Month	Doy Year 2b HOJR
≈ 2 0 ° c	,	Type or Print) JAMES JOSEPH MCCRORY DEATH MATED V-	24 HES 11 + 2M
delay i	3 \$	EX 4 RACE 5 DATE OF BIRTH 6 AGE (In years I IF UNDER 1 YEAR F FINDER 24 HRS 2C DATE PRONOUNCED DEAD	2d. HOUR
U 3		MALE WRITE JUNE 19, 1883 8 44 PRS MONTHS DAYS HOURS MIN. Month - Pay 4-	- Year 19 68 195,M
1, 2, Trm Pl		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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ter deoth Give Pages ang with fai th the State		ESSEX give street address) ARNCLIFFER d. RETIRED COREMAKER	INDUSTRY /RON
after 8. Gw alang with 1		USUAL RES DENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d Institution 13d Institution Residence before 13c CITY OR TOWN	7
V	0	dimission) STATE MICH 13b. COUNTY BALTO, ESSEX YES NOW 700 ARNOLI	FFERD
hours office 1 after d	14 F	ATHERS NAME First Middle Lost IS MOTHERS MAIDEN NAME First Middle	Lost
24 1 24 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		WILLIAM MERORY HANNAM	CLARK
h n 24 ncil n niner's pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (es, no, or upknown) (If yes give wor or doles of service) 2 12 12 12 12 12 12 12 12 12 12 12 12 1	
with n penc Examili File po		es, no. of Unknown (Il yes give woll of doles of service) 218-18-5888A Thomas Mc CRORY S	AME
ecuted wrt ing" in pe edical Exar ermit. File within 72		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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dra hield		Conditions, if ony, which gove rise to immediate cause (a), (b)	
vard ward he Cr ial-tro any		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
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certificate sho writing the w inwarded ta th used as a buri maval, and in		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
rifica tring arder 1 as	NO	(922)	
his certific ate, writin e farwards be used as	CATI	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION) WAS PERFORMED?	20. AUTOPSY?
This cate, be for	CERTIFICATION	////	YES NO
NER: The certifical having be ales. Shauld be shauld be trian, ar	CALC	210 EXTERNAL CAUSE WAS 210 T ME OF INJURY Month, Doy, Year 21 HOW MJURY OCCURRED (Enternature of Injury in Port 1 or Port 2, Ite	m 18.)
NEX cer sha sha trian	MED C	CAUSE OF DEATH PM 19 21d NJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, 21f JOCATION Street or R.F.D. No. City or Town	Country
季 中 4 片 9 芒	42,	WHILE NOT WHILE factory, office building, etc.)	County State
		AT WORK AT WORK	
ICAL E executor. Paged far CTOR: I burial,		220 certify that I took charge of the remains described above, held on Autopsy , Inspection Inquiry	ond in my opinion
SICA olease ex director. etained f DIRECTO		deoth resulted from: Natural couses 11. Accident . Suicide ., Hamicide ., Undetermined monner	
please direct retaine DIRE		ACTUAL CHIEF MEDICAL EXAMINER CONTRACTOR CON	- Addies
TY See PILL		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER []	IGNED TO LA
O DEPUTY necessary, if the funeral is may be no FuneRAL Health print	L	EXAMINER'S MB. DAVIS MD DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county 6800 HORN)	NGTON RO DUNDHUK
5 g = 2 5 m	230	BURIAL CREMATION. 236 DATE 23c NAME OF CEMETERY OR TESTINGERY 23d LOCATION (City of Town)	(County) (State)
		BURGAL 1-21-1968 CAINEDRAL JOALIO,	174
9	2	FONERA, DIRECTOR 250 REC'D BY REGISTRAR 256 REGISTRAR'S S	GNATURE
VR A15ME (5) TOM REV 1/681	¥	Hallie Conklin 5474 ISELAIR RG DATE JAN 29 1968 June	200
W.	11		No.





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 2d 00477 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY MARYLAND b CITY OR TOWN (If outside corporate imits, c LENGTH OF STAY IN 16 c. CITY OR TOWN write RURAL and give nearest town) (If autside carparate write RURAL and give nearest town) YRS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENC ON A FARM YES NO F NAME OF DATE Year DECEASED OF DEATH (Type or print) ffer this certificate has been signed by the ottending physicion and complete be detached for use as the burial-transit permit. Then please remove consisted Dept. of Health prior to burial, cremation, or removal, and in any event, The low requires that the death certificate be execute, NEVER MARRIED MARRIED lost bushday) Days Haurs WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 17 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT COUNTRY? Paltimore . 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, na, or unknown) (If yes give war or dates of service MARY Mas. ILSON APT.4G 18. CAUSE OF DEATH (Enter only one couse per tree for (1) (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) INTERVAL BEDWARD **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Poge 4 may be retained by the haspital or attending physicion. Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause lost. 42111) WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(a) CERT, F. CATION NO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 200 ACRIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF BEATH (F-EITHER, NOT FY MEDICAL EXAMINER MEDICAL 20c TIME OF IN. JRY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Not While Hour a.m. factory, street; affice bldg etc.) at wark TO FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased fram saw the deceased olive on and that death occurred of from causes and on the date stated above. SCHATURE 22a STAFF ATTENDING M.D PHYS. director, poge 3 should be filed ADDRESS BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) GATHEDRALTIMORE FUNERAL DIRECTOR 250. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 DATE



1				DIVISION OF			EPARTMENT		ADVIAND ALAAL	004	178
7			00400	DIAIZION OF	VITAL RECORDS,				IARYLAND 21201	1	
	17	_				EKIIFICA	TE OF DEA		(3)	12:15A.P.
	death.		CEASED NAME First ype or print)		Middle		Last	2a. DATE	OF DEATH Month the	Year Vear	2b. HOUR
			Gadso				Fadden		ELITERATION		12;A _M
	and the formal state of the sta	3. 58	X	4 RACE			DATE OF BIRTH		6. AGE (In years last birthday),	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
	and a second		Male		lored		January (-65 6 6 YRS.		
	hou hou	caul		7b. CITIZEN OF WH	AT COUNTRY?		NEVER MARRIED		/	Salton	
	24 jad j	Sc	uth Carolina	USA	ME OF HOSPITAL OR INST	WIDOWED _	_		ON (Kind of work done		" Md.
	IAN: The law requires that the death certificate be executed within 24 hours aft of ar attending physician. It is a seen signed by the attending physician and campletely filled in by the face has been signed by the attending physician and campletely filled in by the face use as the burial-transit permit. Then please remave carbon papers. Pages Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after the state of the second pages.			give s	treet address) 718 Comodan	no Road	dui	ing most of working Furnice	on (kind of work done ng life, even if retired.) Helper STREET AND NUMBER	12b. KIND OF I INDUSTRY	BUSINESS OR
	ed plet car ent,	130.	USUAL RESIDENCE (Where deceo	sed lived, if instituti	on: Residence befare	13c CITY OR TO			STREET AND NUMBER		
	scut cam ave	}	aryland	Randa	Listown	Baltim	ore YESK] NO □ 3'	713 Corodano	Road	
	e und	14,	FATHER'S NAME First	Middle	Last	15. /	NOTHER'S MAIDEN N	AME First	Miadle		Lost
	n a se r	L	Warren McFadd				Ida	Samue			
	cate sicio plea , an	760.	WAS DECEASED EVER IN U.S. AR. es, no, or unknown) (If yes give	MED_FORCES? war or dates all service)	166. SOCIAL SECURITY N		ORMANT		Address	2	5 4
	phy en aval		NO		212-10-13	.3 Mr	s. Corin	ne McFado	den 3718 Co		Road
	ing ing		IB. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	n'y one cause per lin	e for (a), (b), and (c).)			M 42		BETWEEN OF	SET AND DEATH
	end mit.		IMMEDI	ATE CAUSE (a)		rai ne	morrhad	je			hour
	off off ian,	DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave) DUE TO, OR AS A CONSEQUENCE OF hypertension									
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	e lay tendi as t as t priar	CERTIFICATION	190 DATE OF OPERATION 19b.	CONDITION FOR WHI	CH OPERATION WAS PER	FORMED	20o. AUTOPSY?		. 1F YES, WERE FINDINGS C ISES OF DEATH?	ONSIDERED IN CE	RTIFYING
	The att of the hard of the har	RTIE					_	NO 🗌			
	AN: Il ar cate or u		216. ACCIDENT WAS UNDERLYIF		INJURY Month Day Yeor	21c HOW	INJURY OCCURRED	(Enter nature of	njury in Part 1 or Port 2,	Item 18.)	
	pridition of the state of the s	MEDICAL	(If either, natify medical exami	ner) P.M.	19						
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in (by the function page 3 should be detached for use as the burial-transit permit. Then please remark carbon papers. Pages and the state Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after the state Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after the state Dept.	25	at wark at wark		AT HOME, FARM, STREET, FACE OFFICE BUILDING, ETC.				City or Town	County	State
	by frer be Stat		22a. I certify that (I) (the saw the deceased concurrence stated above	is hospital) atte	nded the decease	d fram	1	19, ta_	, 19	, that	(1) (we) last
	R: A A Uld The The		saw the deceased o	ılive an e (l) (we)(did)(did nat) view the h	ody after de	nat in (my) (au ath	r) apınıan deal	h accurred an the do	ite and haur (and fram the
	tair of the short		22b. SIGNAT RE	-	and that y view line o	out aller de				DATE SIGNED	
	OR De re		C. aun	in .	MD.	DEGREE	PHYS.	DIRECTOR C	STAFF .	- an E	1968
	Al Dogo		22d. PHYSICIAN'S				22e. ADDRESS		1.14	111 3 ,	1300
	HE AND A STANDARD		NAME (Type) Feor	dor C. (Caquin		8811	Libert	y Road Ra	ndalls	town
	TO HOSPITAL OR ATTENDING Poge 4 may be retained by the TO FUNERAL DIRECTOR: After the director, poge 3 should be de Stroud be filled with the State	23a		DATE	23c NAME OF C	EMETERY OR CE			TION (City or Tawn)	(County)	(State)
	220吨人		REMOVAL (Specify) Burial	-6-68	Arbutus ADDRESS	Mem.	Pic.	Arbu	tus. Marvla	nd	
	VR A15 (4)	24.	FUNERAL DIRECTOR		ADDRESS		2Sa. F	ECD BY REGISTRAL	25b. REGISTRARS		
	30M REV. 1/68		Arlington S. P.	hillips 1	727 N. Mon	roe St	reet DATE	JAN 8	1968		0



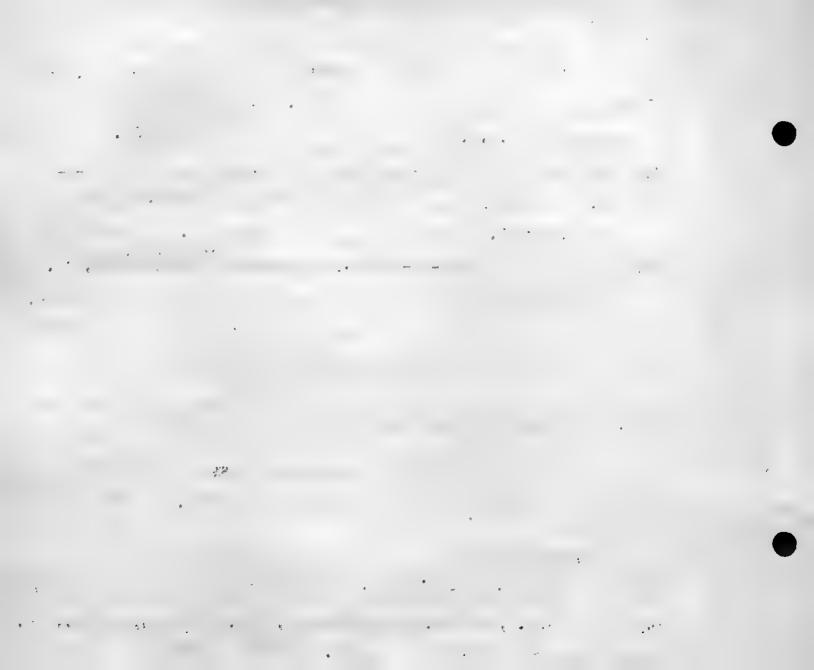
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00429 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 20. DATE OF DEATH signed by the attending physician and campletely filled in by the Funeral burial-transit permit. Illen please remove carban papers. Pages 1 and 5 burial, cremation, ar removal, and in any event, within 72 haurs after death (Type or print) January Esther McKeon Tracev S. DATE OF BIRTH 3. SEX 4. RACE 6. AGE (In years Sept. 30, 1922 White Female requires that the death certificate be executed within 24 haurs 70 BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED K 1 NEVER MARRIED country) Baltimore Co. U.S.A. DIVORCED [Maryland WIDOWED TI 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired)
Housewife give street oddress) INDUSTRY Reisterstown Berrymans Lane
130. USUAL RES.DENCE (Where deceosed fived, if institution Residence before 13c. CHY OR TOWN 13e STREET AND NUMBER admission) STATE
Maryland Bal timore Reisterstown NO Berrymans Lane 14. FATHER'S NAME First IS. MOTHER'S MAIDEN NAME First Middle Middle Mary Ruby Wilbert Η. Tracey 16b. SOCIAL SECURITY NO. Berrymans Lene Reisterstown, Md. 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, na, or unknown) 217-16-7333 Joseph McKeon 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o) Uremia BETWEEN ONSET AND CEATH hrs. 154, / Conditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF 7 months (b) Carcinoma rectum rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stoting the underlying couse! PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? Jul. 24167 Sigmoid colostomy YES [NO TO 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH
(If either, notify medicol examiner) HOUR A.M. Month Day Year 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while of work 22a | certify that (I) (this haspital) attended the deceased from April 2 , 1863 , talen.31 , 1968 , that (I) (we) last saw the deceased alive an Jan.31 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave. (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED Martin E. Stroll MED. DIRECTOR 2-1-68 DEGREE 22. ADDRESS 59 Hanover Road, Reis terstown, Md. 22d. PHYSICIAN'S NAME(Type) Martin E. Strobel, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE (County) (Stote) 23g. BURIAL CREMATION, REMOVAL (Specify) Feb. 3, 1968 Forest Baptist Ch. Cem. Foreston, Belto., Md.

ADDRESS 250. RECO BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

FEB. 2 1968 Full Angles VR A15 (4) 30M REV. 1/68 DATE FEB 2 1968 Owings Mills, Md.





	E .	MARTLAND STATE DEPARTMENT OF HEALTH	
(15/1)	1	10483 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
4		CERTIFICATE OF DEATH	00481
death.		CEASED-NAME First Middle Last 2a DATE OF DEATH THE Month & Day	Syear 11.40PM
IAN: The law requires that the death certificate be executed within 24 hours after seath all are attending physician. It is the form and campletely filled in by the furnical for use as the burial-transit permit. Then please remave carban papers. Pages I and Health prior to burial, crematian, or remaval, and in any event, within 72 hours after death	3. SE		IF UNDER 1 YEAR OF UNDER 24 HRS MONTHS DAYS HOURS ANN.
hours in by rs. Pour	7a E	SIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
filled a pape thin 72	10 (ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 12. USUA. OCCUPATION (Kind of work done during most of working life, even if retired)	Md 12b KIND OF BUSINESS OR
d with detely arban arban arban		JSJAL RESIDENCE (Where deceased lived, if institutions. Residence before 13c CITY OR TOWN 13d INSIDE CITY LIM TS? 13e, STREET AND NUMBER	INDUSTRY
cecute camp nave c		ATHER S NAME First Middle Last Is MOTHER'S MAIDEN NAME First Middle	OOD AUE.
be ex n and se ren d in ar	19. 1	THOMAS MUNEILL MARTHA ADAIR	tusi
ificate nysicia npleat		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address 2/2 cq 42 47 AIVNA MENTELL	
cert g pt		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
at the death cer is the attending possiting permit. The		PART L DEATH WAS CAUSED BY	1 34 7
de de inter		IMMEDIATE CAUSE (o) Out TO, OR AS A CONSEQUENCE OF	
the cation aftin		Conditions, if any, which gave) (b) Cuterioschanter conditions, et any, which gave)	
that ian. by th transi		nse to immediate cause (a), Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
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w required in a sign of the purity of the pu	NO		
The latend attend attend thas be se as the prior	CERTIFICATION	19a. Date of Operation 19b. Condition for which operation was performed 20a. Autopsy? 20b if yes, were findings co	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the furdirector, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban pagers. Pages I should be filled with the State Dept. af Health prior to burial, crematian, or remayal, and in any event, within 72 hours after	₹	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, 1 1 1 1 2 2 2 2 2 3 4 4 4 4 4 4 4 4 4	tem 18.)
D HOSPITAL OR ATTENDING PHYSICI Page 4 may be retained by the haspit 5 FUNERAL DIRECTOR: After this certificator, page 3 shauld be detached shauld be filed with the State Dept. at	MEDI	216 INJURY OCCURRED While Not while at work 216 INJURY (AFFICE BUILDING ETC. 21f LOCATION Street or R.F.D. No. (1ty or Town	Caunty State
ING by It fter I be d State		22a certify that (1) (this hessital) attended the deceased fram Fiarch 2 , 19 60 , to Jan. 8 , 19	<u>රිරි</u> , that (I) (we) last
TTEND Drined OR: A Or: A		saw the deceased alive an	
OR A' Be refer IRECT d with		ATTENDING - MED - STAFF -	DATE SIGNED 10-68
TTAL (may be may be file		22d. PHYSIC(AVS NAME (Type) John A. Nesbitt. Jr. M.D. 22e ADDRESS 1009 Frederick Road, 212	
40SP Be 4 UNE ectar auld	23o.	BURIAL CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
5 5 5 4	12	REMOVAL (Specify) 1/11/68 LOUDEN PARK BALTO, ML.	
VR ALOTE	24.	FUNERAL DIRECTOR SOLVEY ALORE SOLVEY ADDRESS REGISTRAR 250. REGISTRAR SOLVEY REGISTRAR 250. REGISTRAR 250. REGISTRAR 250. REGISTRAR 300. RE	SIGNATURE
		DATE IAN 12-1968 OCC.	ante, Justige

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1-60		06484 DIVISION OF		301 W. PRESTON STRE		E, MAKTLAND 21201	00482
· (M)	1 DI	CEASED-NAME First	Middle	Lost		DATE OF DEATH	2b HOUR
death		mo as nentl			20.	_ Month Day	Yeor
8 500	0.66	Lillian Lillian	Beall	Meeks S. DATE OF BIRT		January 10	1968 G A, M
₩ W W W W W W W W W W W W W W W W W W W	3. SE	X 4 RACE				6. AGE (In years lost birthday)	MONTHS DAYS HOURS MIN.
	<u> </u>	F	(V	12/13/		85 YRS.	
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d ca	14. 1	ATHERS NAME First Middle	Last	IS. MOTHER'S MAIL	DEN NAME First	Middle	Lost
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cert plant		18 CAUSE OF DEATH (Enfer on y one cause per lin					APPROXIMATE INTERVAL BETWEEN DISET AND DEATH
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The for aftern that by se as the price	CERTIFICATION	/ A				CAUSES OF DEATH?	ONSIDERED IN CERTILISMO
The share of the state of the s	E E	NOV. 2,1967 EXPLOR		YES	NO 🔀		
PHYSICIAN: he haspital ar this certificate Betached far u e Dept. af Healt		21d ACCIDENT WAS UNDERLYING 21b. TIME OF CONTRIBUTING CALSE OF DEATH HOUR A.M.	Month Day Year	21c. HOW INJURY OCCU	RRED (Enter natur	e of injury in Part 1 or Part 2,	Item 18.)
Dig it has	MEDICAL	(If either, notify medical examiner) P.M	19				
HYS has ache	2	21d INJURY OCCURRED 21e. PLACE OF INJURY	AT HOME FARM, STREET, FACT DEFICE BUILDING, ETC.	DRY.) 21f LOCATION Street	or R.F.D. No.	City or Town	County State
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ATTENDING etained by th CTOR: After the should be de		22a. I certify that (1) (this hospital) otto saw the deceased alive on	inded the decease	d from PPRIL		to 2/3/14/19/5 /C! 19	60 , that (I) (we) last
ed ed he s		causes stated above, (I) (ws) (she)	(did not) view the b	1 <u>00</u> , and that in (my)) (our) opinian i	death occurred on the do	te and hour and from the
T E G St t	П	22b. SIGNATURE	(did fidi) view ine L	ouy offer death.	· · · · · · · · · · · · · · · · · · ·	220	DATE SIGNED
OR / be re be 3 s ed wi		210. SIGNATURE 2 N/2		DEGREE PHYS	MED DIRECTO	CTACC	W. 11, 1968
		22d. PHYSICIAN'S	M	22e. ADDRI		(D MID, D 47.	10, 11, 11,00
Man Man Jack		NAME (Type) Dr. John	Scott.	220. Appli		elvedere Ave.	
Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the stould be filed with the State Dept. af Health priar ta	220			EMETERY OR (REMATORY		LOCATION (City or Town)	(County) (State)
五百二十八	230.	BURIAL, CREMATION, REMOVAL (Specify) 1/12/68 FUNERAL DIRECTOR 6 SCMA CO		aine Park			to.Co. Md.
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	26 g as	1.0	MARYLAND	U.S.A.	WIDOWED			LATMORE		Md
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정	der de		4321 IMMEDI	ATE CAUSE (a)CANSE DUE TO, OR-AS-A-CONS						
	the a		Conditions, if any, which gave)							
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RELEASED	_ <u> </u>	CERT:FICATION	216 ACCIDENT WAS UNDERLYIN	IG 21b TIME OF INJURY	101, 11	9 4	NO C	of injury in Part 1 or P	20 d 9 day 10 b	
E P	PHYSICIAN: 1 e haspital or his certificate itached far us Dept. af Healt		GR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. Month	Doy Yeor	OM INJUKE OCCURRED	(Enter noture	or injury in Part 1 or P	ort 2, Ifem 18.)	
ե	と言言っち	MEDICAL	(If either, natify medical exami	ner) PM	19		- 41			
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	OSI UNE UNE	230	BURIAL, CREMATION, 23b		NAME OF CEMETERY OR			OCATION (City or Town		
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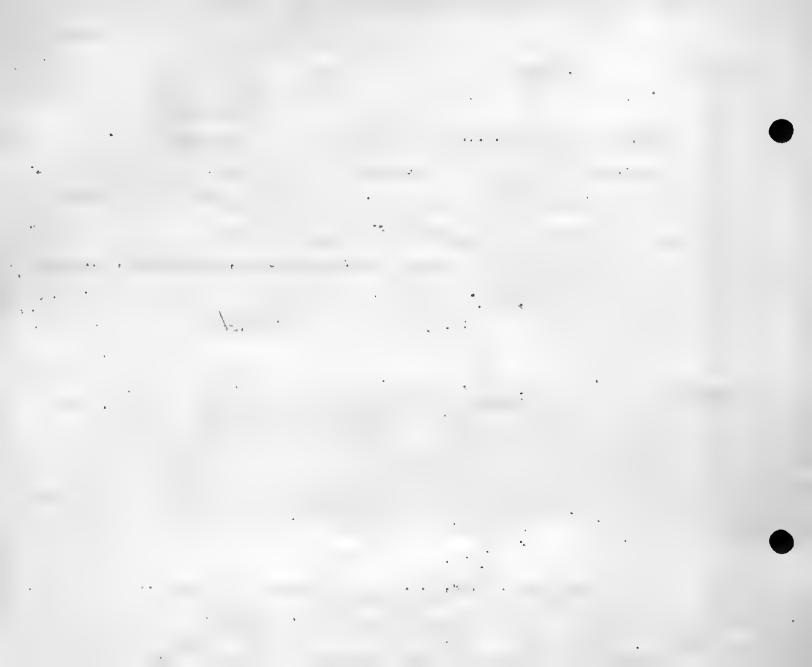
MARYLAND STATE DEPARTMENT OF HEALTH 66486 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00484 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR (Type or print) William MELOON Mg 00:8 Henry Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the Tur director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Pages hould be filed with the State Dept of Health prior to burial, cremotion, or removal, and in any event, within 72 haurs after 4 RACE S. DATE OF BIRTH IF LINDER 1 YEAR IF UNDER 24 HPS 3. SEX 6. AGE (In years last birthday) MONTHS I DAYS HOURS Male White 6/10/23 requires that the death certificate be executed within 24 havry 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED 1 (ountry) Maryland WIDOWED [7] DIVORCED [7] U.S.A. Baltimore 120 USUAL OCCUPATION (Kind of work done IG. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR during most of working life, even if retired.)

Dependent give street address) INDUSTRY Owings Mills Rosewood none 130. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13d HISIDE CITY LIMITS? (admission) STATE Maryland 13b. COUNTY YES . NO F Baltimore 341 East Chase Street 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First M ddie First Last MELOON HASENBAUGH Helen James 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 27. INFORMANT Address Yes, no. or unknown) I (if yes give war or dates of service) Rosew@od Records, Owings Mills, Md. 21117 none 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), (and (c))

PART I DEATH WAS CAUSED BY

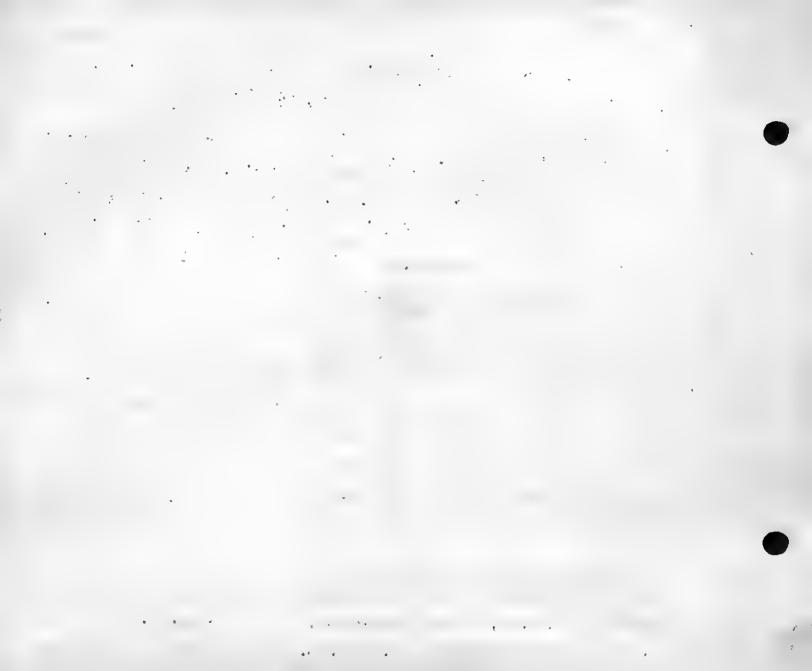
IMMEDIATE CAUSE (b) TermIN: DUE TO, OR AS A CONSEDUENCA OF Conditions, if any, which gave) rise to immediate cause (a),(DUE TO, OR AS A CONSTQUENCE OF stating the underlying cause last. 35/1 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 364rs Mental orevee Ohalu 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o AUTOPSY? CAUSES OF DEATH? YES THE 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item IB.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Tawn County State While Not while at wark 22a. I certify that (\$\psi\$ (this haspital) attended the deceased fram 6/25 , 1931 , ta 1/1 , 1968 , that \$\psi\$ (we) last saw the deceased alive an 1/2 , 1968 , and that in (pp) (our) opinion death occurred an the date and hour and from the 19 68 , that PA (we) last causes stated abave, N (we) (du) (and eat) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING PHYS 1/2/68 DEGREE DIRECTOR PHYS. 22d. PHYSICIAN S 22n. ADDRESS NAME (Type) Rosewood State Hospital, Owings Mills, Md Richard A. Johes, M.D. 23a BURIAL, CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVA_(Specify) Owings Mills. Rosewood , emetery 2So REC'D BY REGISTRAR 2Sb Sons neisterstown. DATEJAN 30M REV.







	4	MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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md rem	14.	FATHER'S NAME First Middle Might IS. MOTHER'S MAYORN NAME First Middle	Baummer
ertificate be physician o nen please naval, and ir		(es, no, or unknown) (If yes give war or dates of service) NO TURNOWN) (If yes give war or dates of service) 212-03-6068 17 INFORMANT Pt's chart & history	<u> Compyviller</u>
ith certi ding ph t. Then remav		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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te faw trendin as beer as the priar is	CELLENCATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 206 IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
IAN: The old or a ficate he far use Health.	ICAL CE	216 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2,	Item 18.)
PHYSIC e haspii iis certi tached Dept. of	MEDI	(If either, notify medical examiner) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. Na. City or Tawn of work of wark	Caunty State
Page 4 may be retained by the haspital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be defacthed for use as the burial-transhauld be filled with the State Dept. of Health priar to burial, cre.		220. I certify that (1) (this hospital attended the deceased from 7000 3 19 600, to 7000 15, 19 500 4000 3 19 600 400 400 400 400 400 400 400 400 400) 48, that (I) (we) lost one and hour and from the
ATTEN retainer ECTOR: should with the		22b. SIGNATURE 22c.	. DATE SIGNED
TAL OR nay be AL DIR page 3		22d PHYS CIANS NAME (Type) LILIA C. BALDONADO GREE PHYS DIRECTOR PHYS. X /	-15-68
TO HOSPITAL Page 4 may O FUNERAL C director, pag shauld be fill	02		(County) (State)
Proge direction	230	PFMOVAI (Specify)	(coom) (sivia)
VR A15 (4)		FUNERAL DIRECTOR ADDRESS 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR	S SIGNATURE
30M REV 1/68	1	G. Truman Schwab 3512 Frederick Ave. Balto. Md. JAN 18 1968 OCCione	FA. Housenda



111.4.311 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00488 CERTIFICATE OF DEATH DECEASED NAME Middle First Lost 20. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death. (Type or print) CHARLES ARTHUR MILLER, Sr :10PM 6. AGE (in years IF UNDER 1 YEAR 3. SEX 4. RACE S DATE OF BIRTH IF UNDER 24 HRS lost birthday) HOURS 10/20/1883 Male Cau. YRS hauk 76 CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8 MARRIED 🔀 NEVER MARRIED .⊆ Baltimore .Md. U.S.A. **FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in director, page 3 should be detached far use as the burial-transit permit. Then please remave carbam papers should be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 leaded by the content of the cont WIDOWED 17 DIVORCED | Baltimore 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress | Greater Balto. Med. Center Retired - Proprietor Henry Miller institution: Residence before | 13c. CITY OR TOWN | 13d. MASDE CITY LIMITS? | 13e. STREET ARD NUMBER | 2nd Sons Towson ... and Sons 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN odmission) STATE 13b. COUNTY Luthervin NOIX Nightingale Way Baltimore 14. FATHER'S NAME First M ddle IS. MOTHER'S MAIDEN NAME First Middle Henry Miller Elizabeth Pflug 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) Mrs Bertha E. Miller (Same IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Aspiration preumonia def 1 Des =1 DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gove) (h) Arteriosclerotic cardiovascular disease rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 공 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔯 NO [Yes TO HOSPITAL OR ATTENDING PHYSICIAN: 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 210 ACC DENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Stote County While Not while of work 22a. I **certify** that (I) (this haspital) attended the deceased fram 1/5 , 19.68, ta 1/8 , 19.68, that (I) (we) last saw the deceased dive an 1/8 19.68 and that in (my) (aur) apinian death occurred an the date and haur and fram the causes stoted above, (I) (we) (did) (did nat) view the body after death. 22c DATE SIGNED 22b. SIGNATURE 1/9/68 DEGREE DIRECTOR PHYS. PHYS. 22e. ADDRESS 22d. PHYSICIAN'S John E. Adams, M.D. Greater Baltimore Medical Center 23d LOCATION (City or Town) 230 BUR AL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) 0 Woodlawn Balto Co. Lorraine Park Road 2Sb. RÉGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR & Sons Co. l H.W.Jenkins NAN 10 Minutas Inder

MARYLAND STATE DEPARTMENT OF HEALTH



1 1	,	MARYLANI DIVISION OF VITAL RECORDS,	D STATE DEPARTMENT O		01
	06.491		ERTIFICATE OF DEAT		00489
ا گریکا آ	DECEASED NAME First	Middle	Last	2a. DATE OF DEATH	2b HOUR
er dea	(Type or print) HARRY	М.	MILEER	JAN.	17 68 7:15A
V 22	SEX	4. RACE	5. DATE OF BIRTH	6 AGE (In year	S IF UNDER YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
D SUNOL	MALE	WHITE	7/19/99	last bighday)	YRS.
3 7	o BIRTHPLACE (State or foreign 7)	b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
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22	O. CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS	durin	USUAL OCCUPATION (Kind of work in most of working life, even if retine ICHANIC	
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ı	An WAS DECEASED EVER IN ILS ARMED	FORCES? 16b SOCIAL SECURITY N	O. 17 INFORMANT	Addr	ess
	Yes, na, ar unknawn) (If yes give war of YES) WW	217 05 72	16 CLIN.RECORL	S, VA HOSPITAL,	
	18. CAUSE OF DEATH (Enter only	ane cause per line for (a), (b), and (c).)		.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED E IMMEDIATE	CAUSE (a) CARCINOMA I	EAD OF PANCREAS	WITH METASTASES	
- 1	157,9	DUE TO, OR AS A CONSEQUENCE OF			
	Canditians, if any, which gave a rise to immediate cause (a),	(b)			
	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
ı	PART 2 OTHER SIGNIFICANT CONDI	(<)	T DELATED TO THE TERMINAL DISEASE	OPCOMPITION CIVEN IN PART 1(a)	
	ADDITION OF THE OWN	C HEART DISEASE A		**	
	19a, DATE OF OPERATION 19b. CO	NDITION FOR WHICH OPERATION WAS PER		20b. IF YES, WERE FIND	INGS CONSIDERED IN CERTIFYING
	19g. DATE OF OPERATION 19b. CO		YES TZ NO	CAUSES OF DEATH?	
		21b. TIME OF INJURY	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or P	ort 2, Item 18.)
1	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine)	HOUR A.M. Manth Day Year P.M. 19			
	T I A G GROUNT OLLOWNED A I & I K	ACE OF INJURY (AT HOME FARM, STREET, FAC OFFICE BUILDING, ETC	TORY, 21f LOCATION Street or R.F.C.). Na. City ar Tawn	Caunty State
١	While Nat while at work			. 1/11//69	
1	22a. I certify that Mix this	hospital) attended the decease an 1/17/68	od from <u>L/O/OO</u> , I	opinion death accurred on the	_, 19, that¾) (we) la he date and haur and fram th
	causes stoted above,	(1) (we) (did) (2004-164) view the l	oady after death.	opinian acam accomed on n	
-1	22b. SIGNATURE		ATTENDING	MED STAFF	22c. DATE SIGNED
, [Illa	West me	DEGREE PHYS	MED STAFF PHYS. IC	1/17/68
	22d. PHY SICIAN 5 NAME (Type) TOTANT	n materian w to	22e. ADDRESS	ORT HOWARD, MARY	T A NID
=	JOHN 1	D. TALBERT, M. D.	CEMETERY OR CREMATORY	23d LOCATION (City or Town	
ľ	30 BURTAL (REMATION, PEMOVAL (Specify)	10 /0-1	MORE NATIONAL	BALTIMORE.	, ,, ,,
-	24. FUNERAL DIRECTOR	ADDRESS	25c RE	C'D BY REGISTRAR 25b REGIS	TRANSE GNATURE Judge
			FUNERAL HOME DATE	JAN A A 1000	Travers Just
E		GI BURGE	RIGHTS AVE. BALI	IMORE, MD.	



- AA	1	116497			STATE DEPARTM			
1	L	Item 6 Film G3			RTIFICATE OF		RE, MARYLAND 21201	00490
. 2	1. D	CEASED-NAME First	/ 1/20/0	Middle	Lost		DATE OF DEATH	Years (2b. Hour p
death reral and 2 death		.4	Lter	R.	Mina		anuary Month 21 Doy	1968 2:25 M
草を	3 5	Х	4. RACE		S. DATE OF B		6. AGE (In years	IF JNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
n by merful s. Cages bhaurs after		Male	Whit		JUA		77 49 68YRS.	MONTH STATES AND
hau hau		itry)	7b. CITIZEN OF WHAT		MARRIED NEVER MAR	KKIED	UNTY OF DEATH	
filled i paper thin 72	10	Poland ITY OR TOWN OF DEATH	U.S.A.		WIDOWED 🔀 DIVO	RCED	Baltimore UPATION (Kind of work done	Md. 12b. KIND OF BUSINESS OR
within p ban p ban b	I	altimore	give stre	et address) Joseph H	ospital		working life, even if retired.) d - POZICE	INDUSTRY POLICE DEPT.
mplett	13a. odm	USUAL RESIDENCE (Where decease ssign) STATE Mary Land	13b COUNTY Balt	Residence before	BALTO	Tad, INSTOE CITY LIMITS? YES NO	13e STREET AND NUMBER 3327 Summit	Avenue
d cal		ATHER S NAME First	Middle	Last		AIDEN NAME First	Middle Middle	/ Last
be e n and se re d in o	Ŀ	THEO DORE	MINA		MAR	YANN (UMBROWSK	/
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after be retained by the haspital an attending physician. INECTOR: After this certificate has been signed by the attending physician and campletely filled in by the 1st should be detached for use as the burial-transit permit. Then please remove carban papers. Pages and with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs affer	160	WAS DECEASED EVER IN U.S. ARM es, no, or unknown} (If yes give we	ED FORCES? 16 in ar dotes at service) 2	66 SOCIAL SECURITY NO 217-46-079	17. INFORMANT	RMINA	2911 GLENI	BALE AVE.
ng p		18. CAUSE OF DEATH (Enter only	one couse per line l	for (a) (b) and (c))				APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
eath endii nit ar ra	ı	PART I. DEATH WAS CAUSED IMMEDIA	IE CAUSE (o) AC	cute myoca	rdial infar	ction		
atte perrian,	L	7107	DUE TO, OR AS A	A CONSEQUENCE OF				
at the the nsit p		Conditions, if only, which gove isse to immediate couse (o),	(b)					
equires tha physician. signed by burial-tran burial, crer	L	stating the underlying cause lost.	·	A CONSEQUENCE OF				
uire hysu gne urial	ш	PART 2. OTHER SIGNIFICANT CON	(c) DITIONS CONTRIBUTIN	G TO DEATH BUT NOT	RELATED TO THE TERMINA	AL DISEASE OR CONDIT	ION GIVEN IN PART 1(a)	
req ng p en si e bl		4 - 7		**************************************				
law endii s bee	CERTIFICATION	19o. DATE OF OPERATION 19b. (ONDITION FOR WHICH	OPERATION WAS PERF	DRMED 20a. AUTO	PSY?	20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
The attraction of the party of	E E				YES [CAUSES OF DEATH?	
CIAN: ortal ar fificate of far u	MEDICAL CE	210 ACCIDENT WAS UNDERLYING or contributing cause of death (If either, notify medical examin	HOUR A.M.	JURY Manth Doy Year 19	21c. HOW INJURY OC	CURRED (Enter notu	re of injury in Port 1 or Port 2, I	Item 18.)
PHYSI ne hasp this cer etache Dept.	ME			HOME, FARM, STREET, FACTOR	21f LOCATION Street	et ar R.F.D. No.	City or Town	County Stote
NG to the part of	П	22a. I certify that (I) (thi saw the deceased al	s hospital) a <u>t</u> teng	led the deceased	from 1-21	, 19_68	to1	68 , that (I) (we) last
rend hed the Standard the Stand		saw the deceased al couses stoted obove	ive an 1-2 (I) (we)(did)(di	d nat) view the bo	<u>호칭</u> , and thot in (m dy ofter deoth.	ıy) (aur) opinion	death occurred an the da	te and hour and from the
AT A	ш	22b. SIGNATURE			ATTENDI	MC — MED	STATE 22(DATE SIGNED
be be 3		Lanux	1. Ku	pla_	DEGREE PHYS.	L_ DIRECTO	OR PHYS.	-21-00
may ERAL ric particle file file	1	22d. PHYSICIAN'S NAME (Type) Ramon	P. Lopez	M.D.	22e. ADD 76		oad, Baltimore	, Md. 21204
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers should be filled with the State Dept. of Health prior to burial, cremation, ar remayal, and in any event, within 72 is the state Dept. of Health prior to burial, cremation, ar remayal, and in any event, within 72 is the state Dept. of Health prior to burial, cremation, ar remayal, and in any event, within 72 is the state Dept.	230	BURIAL, CREMATION, 23b. D. REMOVAL (Specify)		23c. NAME OF CE	RESERVE OR CREMATORY	23d	LOCATION (City or Town)	(Caunty) (State)
VR A15 [4]	24.	FUNERAL DIRECTOR	/	ADDRESS	1 Anex	25a. REC'D BY REG	STRAR 256 REGISTRAR'S	SIGNATURE Queses
30M REV. 1/68	4	Im. tealkow	sky 200	7 Castern	hoe. mis.	DATE JAN	44 1300	Las Juda

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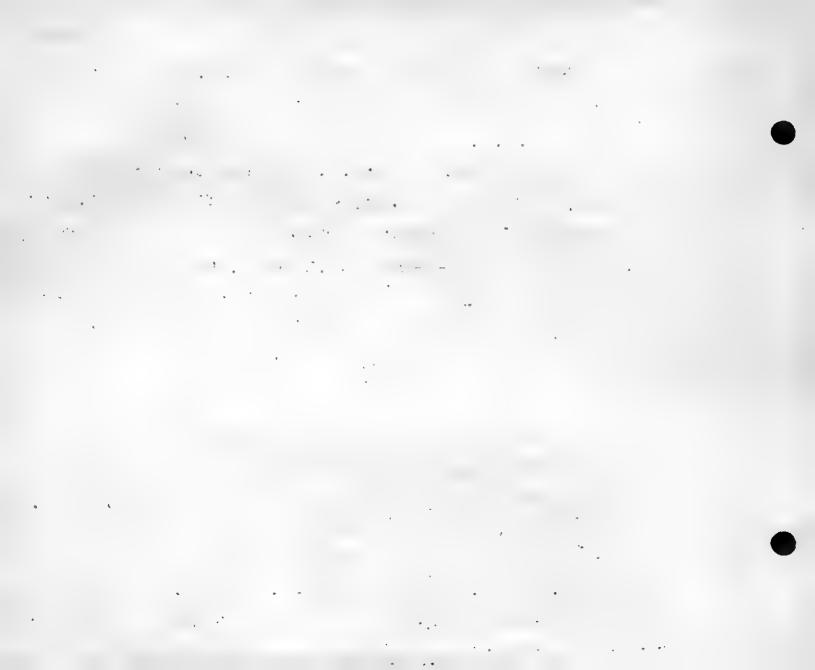
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1 1/		8649-	DIVISION OF VITAL RECO		STON STREET, BALL TE OF DEATH	IMORE, MARYLAND 21201	00491
			Middle	CERTIFICA	Last	20. DATE OF DEATH	2b. HOUR
1		CEASED NAME First ype or print)				Month Day	Year
)	0 00	PHILI			NDERLE I N DATE OF BIRTH	6 AGE (In years	68 12:500 M F UNDER YEAR IF UNDER 24 HRS.
1	3. SE		4. RACE	3.		last birthday) M	ONTHS DAYS HOURS MIN
ı		Male	Caucasian	10	July 2,1906	9. COUNTY OF DEATH	
	7a. l	SIRTHPLACE (State or foreign 79	b. CITIZEN OF WHAT COUNTRY?	Purmi	NEVER MARRIED	Baltimore Cour	1+1/
	20.0	Maryland ITY OR TOWN OF DEATH	U.S.A.	OR INSTITUTION (If nat		AL OCCUPATION (Kind of work dane	12b KIND OF BUSINESS OR
		Towson, Maryland USUAL RESIDENCE (Where deceased	nive street address)		during m	ast af working life, even if retired)	INDUSTRY B&O RR
	13a.	USUAL RESIDENCE (Where deceased	Invest II continues. Describer of h	efare 13c. CITY OR TO	OWN 134 INSIDE CITY L	IMITS? 13e STREET AND NUMBER	
3	uasn	ssion) SIAIE Maryland	13b. COUNTY Baltimore	Essex	YES N		78
	14, 1	ATHER S NAME First	Middle	ast 15. /	NOTHER S MAIDEN NAME	First Middle	Last
		George	C Minder		Mary		Pike
	16a.	WAS DECEASED EVER IN U.S. ARMET	Taringas da sadah ur		DRMANT	Address	
		es, na, or unknawn) (If yes give war	705-03	-7494 Mr	s Ida C Min	derlein Same	APPROXIMATE INTERVAL
		18. CAUSE OF DEATH (Enter only	ane cause per line for (a), (b), a	nd (c))			BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED I	(AUSE (a) Arterioso	lerotic ca	rdiovascula	r disease	
		41061	DUE TO, OR AS A CONSEQUEN	CE OF			
		Canditians, if any, which gave a rise to immediate cause (a),	(b)				
		stating the underlying cause	DUE TO, OR AS A CONSEQUEN	CE OF			
		last.	(c)		The second secon	COURT OF THE BURN AND AND AND AND AND AND AND AND AND AN	
		PART 2. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH	BUI NOI KELATED TO I	HE LEKMINAL DISEASE OK	CONDITION GIVEN IN PART I(d)	
	8	190, DATE OF OPERATION 196 CO	NDITION FOR WHICH OPERATION V	AC DEDECOMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS CON	CIDERED IN CERTIFYING
	둘	170 CO	MULLION FOR WHICH OF EXALION 1	M3 FERI ORBIED	YES X NO	CALISES OF DEATH?	CENTRAL TOTAL
1	CERTIFICATION	21g, ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW		er nature of injury in Part 1 or Part 2, Ite	em 18.)
		GOR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day	Year	veconnes (Ellie	and the second s	,
	MEDICAL	(If either, natify medical examiner	P.M. LACE OF INJURY (AT HOME, FARM, ST OFFICE BUILDING, E	19 REET, FACTORY, 1 21f. LOCA	ATION Street or R.F.D. No	p. City or Town	County State
		gt work at work					
		220. I certify that (I) (this	hospital) attended the de	ceased from	1/1 , 196	58 , to 1/4 , 19 (inian death occurred an the date	ob , that (I) (we) lost
		saw the deceased allo	(I) (we) (did) (did not) viev	the body ofter de	ath.	annun ugom occorreg un me don	e una noor and nom me
		22b. SIGNATURE	/ 1			22c. Di	ATE SIGNED
		John Z.	Sola	DEGREE	ATTENDING PHYS.	MED STAFF DIRECTOR PHYS. 🛛 1,	/5/68
		22d. PHYSICIAN'S			22e. ADDRESS		
		MAME (Type) John E	. Adams, M. D.	<u> </u>	<u>Greater</u>	- Baltimore Medical	Center
	230	BURIAL, (REMATION, 23b. DA		ME OF CEMETERY OR C		23d LOCATION (City or Town) Baltimore	(County) (State) ryland
ł	24	FUNERAL DIRECTOR	Al	DRESS	2Sa. REC'D	BY REGISTRAR 2Sb. REGISTRAR'S S	IGNATURE .
		Leonard J Ruck	Inc 5305 Harf	ord Rd	DATEJAI	N 5 1968 Julian	0



		MARYLAND STATE DEPARTMENT OF HEALTH	
,	1	16494 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	00000
¥	₹A.	CERTIFICATE OF DEATH	00492
	点,一个一点	ASED NAME First Middle Last 2a. DATE OF DEATH	2b. HOUR
	to be a to be	or print) William Osborn Mitchell January 17.	1968 Year 11:45 M
		4. RACE S. DATE OF BIRTH 6. AGE (In years	IF UNDER 1 YEAR OF UNDER 24 HRS
	after after	M W 8/2/1881 lost birthday) 86 YRS.	MONTHS DAYS HOURS MIN,
	and and and	THPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARPIFT) 9 COUNTY OF DEATH	
	24 hours	Maryland U.S.A. WIDOWED DIVORCED Baltimore	Md
		OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
	# F S S T S T S T S T S T S T S T S T S T	wson gye street address) Chesapeake Manor N. H. during most of working life, even if retired. Retired-Proprietor	INDUSTRY Rackage Goods
	ed with	JAL RESIDENCE (Where deceased lived, if institution: Residence before DSC CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER	Tuesday Coopus
	be executed with and campletely for remave carbon in ony event, with	on) STATE NO 136. COUNTY _ PROEtimore YES NO 1517 Pentrid	ae Rd. 21212
	d co	HER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
	an	William Paca Mitchell Mathilda	Clark
	ote be executed with cran and campletely tess remave carbon and in ony event, with	AS DECFASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	
	lifica Nysu Jol, Tol,	no ar unknawn) (If yes give war or dates of service) 212-14-04544 Mrs. Gentrude, T. Mitchell	(Samo)
	GPT The The	3. CAUSE OF DEATH (Enter only one cause per line-for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH
	that the death certificion. by the attending phy tronsit permit. Then cremation, or removo	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COZOLOZOL HE MOZZINGO	5 days
	erm erm erm	DUE TO, OR AS A CONSEQUENCE OF	
	the of the ation	anditions, if any, which gave)	1-13-66
	n. n. yy f ons rem	se ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF	
	es t sicia ed t ol-tr	(a) 9/2/ 5/2 (12/2) EV	1-13-66
	requires that the death certificate be executed within g physician. I signed by the attending physician and campletely file burial-transit permit. Then please remave carbon be burial, cremation, or removal, and in ony event, with	ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a)	·
	ng en s		
	OR ATTENDING PHYSICIAN: The law rebe retained by the haspital or offending JRECTOR: After this certificate has been a 3 should be detached for use as the ed with the State Dept. of Health prior to	a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
	The offer hos	YE NO NO	
	ICIAN: The pitol or of for use of Heolth	a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, 3 OR CONTRIBUTING ☐ CAUSE OF DEATH 3 HOUR A.M. Manth Day Year	(Item 1B.)
	at the state of th	either, not fy medical examiner) PM. 19	
	ing PHYSIC by the haspit fter this certii be detached State Dept. of	1d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f. LOCATION Street or R F D No. City or Town	County State
	ATTENDING PHYS retained by the has ECTOR: After this ce 3 should be detache with the State Dept.	Vhile Nat while \ office Builloing, etc.	
	by frer Stat	2a. I certify that (1) (this haspital) attended the deceased from	168, that (I) (we) last
	ENG Fed Jid The	saw the deceased alive on	are and navr and from the
	ATTE Petaine CTOR: Shoul	22c SIGNATURE 22c	DATE SIGNED
	OR De re ed w	DEGREE PHYS. MED. STAFF DIRECTOR DIRECTOR PHYS.	-19-68
	moy be RAL DIR	2d. PHYSICIAN S 22e ADDRESS	
	TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or EUNERAL DIRECTOR: After this certificate director, page 3 should be detached for unshould be filed with the State Dept. of Heal	NAME (Type) Dr. Robert H. Siver 3105 N. Charles St.	
	HOSPI Page 4 m FUNER Girector,	UR.AL CREMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(Caunty) (State)
	5 5 5 4 V	EMOVAL (Specify) 1/19/68 Spesutia Perryman	Md.
	VRAIS	NERAL DIRECTOR ADDRESS , 250. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
	30M REV 68	. Jenkins & Sons Co. 4905 York Road	res Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00483 00493 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR (Type or print) Manth requires that the death certificate be executed within 24 hours after dea 1968 HAZEL G. MONET January papers Pages 1 hin 72 hours after 3. SEX 4 RACE S DATE OF BIRTH 6. AGE (In years IF JNDER YEAR IF UNDER 24 HRS. last birthday) DAYS HOURS Female White Aug. 29, 1889 78 76. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) and completely filled in WIDOWED -DIVORCED [U.S.A. Maine Baltimore 12a USUAL OCCUPATION (Kind of work done IG CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 126 KIND OF BUSINESS OR during most of working ite, even if retired.)

Housewife give street address) INDUSTRY corbon 119 Othoridge Road Lutherville None event. 30 USUAL RESIDENCE (Where deceased lived if institution; Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? 13b. COUNTY YES 🗍 NO 🕞 attending physician amove 119 Othoridge Rd. Baltimore Lutherville Marvland burial, cremation, or removal, ond in ony 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle 1051 Thomas W. Dick Katherine 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknawn) No (If yes give wor or dates of service) 215-54-2094 Mr. Richard A. Adams 119 Othoridge Rd 1B. CAUSE OF DEATH (Enter only one cause per line fac (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: signed by the attendii burial-tronsit permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) nse to immediate couse (a), DUE TO, OR AS A PONSEQUENCE OF be retained by the hospital or attending physician. stating the underlying couse! łast PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to O FUNERAL DIRECTOR: After this certificate hos been CERTIFICATION 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO [YES 🗆 21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 216 TIME OF INJURY TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work at work L 22a. I certify that (I) (this haspital) attended the deceased from. 1967, and that in (my) (our) apinian death accorred an the date and have and from the saw the deceased alive an.... causes stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATUR 22c, DATE SIGNED **ATTENDING** STAFF DEGREE DIRECTOR PHYS PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Charles F. O"Donnell Towson. York Rd. 21204 Md. 23a. BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) Burial ./8/68 Dulanev Valley Cemetery Cockeysville, Mr. Balto, Md 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 2Sb 30M REV Charles 1968 Wm. Cook-Brooks Towson 1050 York Rd. 21204

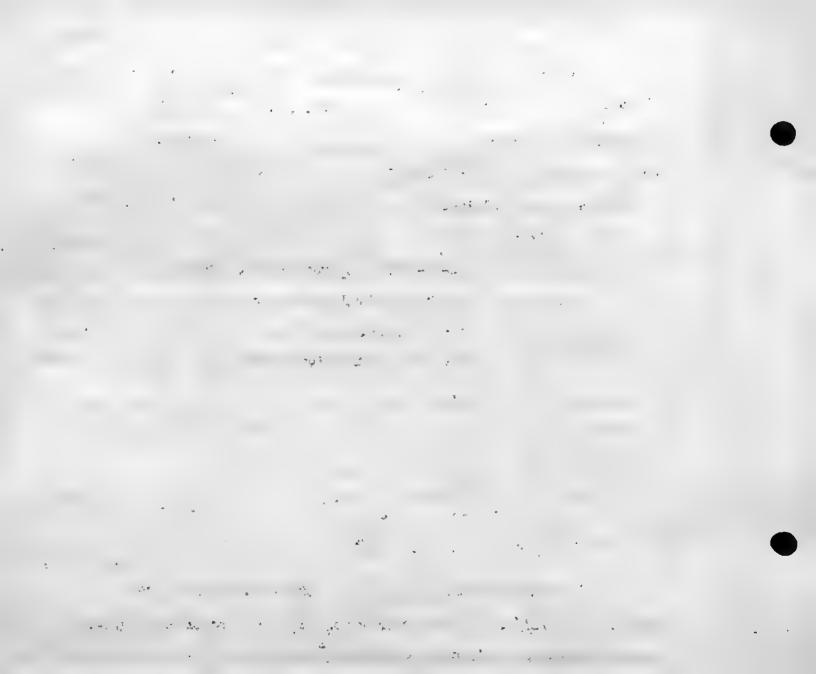


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00436 00494 CERTIFICATE OF DEATH Last 1. DECEASED-NAME Middle 2g. DATE OF DEATH 2b HOUR First Jan. (Type or print) 1:00am Marie S. Montague 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR burial, crematian, ar remaval, and in any event, within 72 hours after 3. SEX last birthday) MONTHS HOURS female white Dec. 31, 1891 requires that the death certificate be executed within 24 haurs, 9 COUNTY OF DEATH the attending physician and campletely filled in by sit permit. Then please remove carbon papers P 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 8. MARRIED TO NEVER MARRIED TO country) Md. Baltimore U.S. DIVORCED [WIBOWED (11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR give street address)
SPRING GRO'E STATE HOSP. during most of working life, even if retired } Office Catonsville 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 13b. COUNTY YES 🗍 NOT 550 S. Rolling Road Catonsvle. Balto. 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME First Middle Ann Roberts Fowler John Jack Montague 1630 Annapolis Road 16b. SOCIAL SECURITY NO 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes no or unknown) [It was give wor or dates of service] 215-01-1691 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia, right lower lobe, org. undet DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove trise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse scloresi PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 1010 -Arteriosclerotic Cardiovascular Ht. Dis.: Diabetes Mellitus, arter-(O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. af Health priar to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES [21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town State County White Not white at work 22a | certify that (I) (this haspital) attended the deceased from Feb. 15, 1967, ta Jan. 21, 1968, that (I) (we) last saw the deceased olive an Jan. 21, 1968, and that in (my) (SSF) apinian death accurred on the date and haur and from the causes stated above, (I) (we) (did) (did not) view the bady after death. 22c DATE SIGNED 22b. SIGNATURE MED. DIRECTOR 1-2h-68PHYS. SPRING GROVE STATE HOSPITAL 22d. PHYSKIAM & NAME (Type) 22e ADDRESS Baltimore, Maryland 21228 23d. LOCATION (City or Town) (State) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) 230 BURIAL, CREMATION REMOVAL (Specify) Md. 1-29-68 New Cathedral Cemeter y Baltimore 24 FUNERAL DIRECTOR Witzke F. D., Baltimore, Md. 21229 VR A15 (4) 30M REV 1/68



		06497	DIVISION OF VI	TAL RECORDS,	301 W. P	RESTON STREET, E	BALTIMORI	E, MARYLAND 21201		
Marie III.		0010		(ERTIFIC	ATE OF DEAT	TH .		004	95
7	1. DE	CEASED-NAME Firs	t	Middle		Last	2a	DATE OF DEATH		2b. HOUR
	(ı.	ype or print) Katil.r	na		Mor	ekas		Manth C	Day Year	M
	3. SE:		4. RACE			S. DATE OF BIRTH		6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	
1		Female	White			Sept. 8, 19	01	66 YR		MICH MIN
1	7o. B	IRTHPLACE (State or fareign	7b. CITIZEN OF WHAT	COUNTRY?		NEVER MARRIED	9 COU	NTY OF DEATH		
		Greece	Greece		WIDOWED			Baltimore		Md.
	10. C	TY OR TOWN OF DEATH	11 NAME	OF HOSPITAL OR INS et address)	TITUTION (if n	iat în haspital 12a	USUAL OCCU	PATION (Kind of work done	e 125 KIND O	OF BUSINESS OR
-	Ri	ral Baltimore	660	5 Loch Hi	11 Rd		Housev	varking lite, even it retired. nife	,	
		USUAL RESIDENCE (Where decer ssian) STATE	13b COUNTY		13c. CITY OR	TOWN 13d. INSIDI	NO IK	13e. STREET AND NUMBER		
Ŀ		Marvland	Balti		1.		446	6605 Loch H	111 Rd	
н		ATHER'S NAME First	M ddle	Last]1:	S MOTHER S MAIDEN NA	VME first	Middle		Lost
Į		John Ska WAS DECEASED EVER IN U.S. AR	lkess	COCIAL CECUMITY A	n 113		Maria		Malcre	2.5
ı	16a. Yı	NO (It yes give	wor or dates of service)	b. SOCIAL SECURITY N		INFORMANT		Address		
ŀ	_			17-32-018		Speros Mor	ekas_	Same	APPRO	DXIMATE INTERVAL
	-1	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED DV.						BETWEEN	ONSET AND DEATH
		. IMMED	IATE CAUSE (a)		erebra	al Hemorrh	age		Lmme	<u>ediate</u>
- 1		Canditions, if any, which gave		CONSEQUENCE OF					6 -	
	- 1	rise to immediate couse (a),	(6)	B <mark>enign Hy</mark> CONSEQUENCE OF	perve	181011			Y	rears
		stating the underlying cause last.	(r)		zed A:	rterioscle:	rosis		10	years
1	ı	PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING					ON GIVEN IN PART 1(g)		
- 1			etes Melli					. ,		
	ATIO	19a. DATE OF OPERATION 198	. CONDITION FOR WHICH	OPERATION WAS PER	REORMED	20a. AUTOPSY?		206 IF YES, WERE FINDINGS	S CONSIDERED IN	CERTIFYING
	CERTIFICATION	None				YES N	10 📆	CAUSES OF DEATH?		
		Notice 21a Accident Was underly	ING 216 TIME OF IN		21c H		•	of injury in Part 1 or Part :	2, Item 18.)	
	MEDICAL	OR CONTRIBUTING CAUSE OF GE	wner) P.M.	Manth Day Year 19		No appa		injury		
	ME	21d INIGRY OCCURRED 21	PLACE OF INJURY (AT	HOME, FARM, STREET, FAC FICE BUILDING, ETC.	rary.) 21f. Li	OCATION Street or R.F.	D. Na.	City or Town	Caunty	State
		at wark at wark								
		22a. I certify that (I) (t	his haspital) attend	led the decease	d from	1958	19	to Jenuary,	19 <u>68</u> , the	at (I) (we) last
		saw the deceased causes stated above	alive an Janua	d worth view the	y_QQ, dn	a that in (my) (aur death) abinian c	death accurred an the	date and hou	r and fram the
		22b. SIGNATURE	11	/ KAN TIGW IIIE I	7	0	1	22	2c. DATE SIGNED	
		Styphy	10 Va	dum	2 DEGI	REE PHYS.	MED. DIRECTOR	— STAFE —		16,1968
		22d. PHYSICIAN'S				22e. ADDRESS			m Stranger	
		NAME (Type) Staph	en K Padus	sis		102 Me	dical	Arts Buildin	0	
İ	23a	BURIAL CREMATION. 236	. DATE	23c. NAME OF	CEMETERY OR		23d.	LOCATION (City or Town)	(County)	(State)
	I	REMOVAL (Specify)	/17/68	Greek	Ortho	dox		Baltimore Ma	ryland	
	24.	FUNERAL DIRECTOR		ADDRESS		2Sa R	ECD BY REGI	STRAR 25b. REGISTRA	RS SIGNATURE	201
	1	eonard J Ruck	Inc 5305	Harford	Rd	DATE	ANT	R 1968 /CCC	THE GROWN	-

MAKTLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH



1		MARTLAND STATE DEPARTMENT OF HEALTH	
		00499 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	0497
	1 0	CERTIFICATE OF DEATH	- Att I
		DECEASED-NAME (Type or print) ELIZABETH LEE MOYLAN 20. DATE OF DEATH Month / Doy 13	1.968 4:30 M
	3. 51	SEX F 4. RACE S. DATE OF BIRTH 6. AGE (In years If un years Just birthday) ANNITY OF THE SEX OF THE	IDER I YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.
	70. 1 cour	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED WINDOWED DIVORCED 9. COUNTY OF DEATH WIDOWED DIVORCED Baltimore Counts	/ MA
1	10. 0	. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12	b. KIND OF BUSINESS OR IDUSTRY
1	13o. odm	to USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13% CITY OR JOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER (Mission) STATE Maryland 13b. COUNTY STATE No. 14451 Eldon	e Rd.
	_	1. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle LLOYD K. PARKER NARION	KALER
		Yes, no, or unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 216-28-2817 Records, Mt. Wilson State Hosp	
		18. CAUSE OF DEATH (Enter only one couse per line for (a) ₀ (b), and (c).)	APPROXIMATE INTERVAL GETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Pulmonary employerna	1 to 11 Parts
		DUE TO, OR AS A CONSEQUENCE OF	7 7 700
		Conditions, if any, which gove	U
		nise to immediate couse (a), (b) Stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
		lost. (c)	
	2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES TO NO CAUSES OF DEATH?	ERED IN CERTIFYING
	MEDICAL CER		8.)
		21d. INJURY OCCURRED While Not while of work Office Building, ETC. 21d. INJURY OCCURRED Company (AT HOME, FARM, STRETT, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Country of work	anty State
		22a. I certify that (I) (this haspital) attended the deceased fram 1965, and that in (my) (aur) apinian death accurred an the date are causes stated abave, (I) (we) (did) (did nat) view the bady after death.	, that (I) (we) last
		causes stated above, (1) (we) (did) (did nat) view the bady after death.	ta naur ana tram the
		22b. SIGNATURE 22c. DATE 9	
/		22d. PHYSICIAN'S A COLOR AND A	7 . 1 - 0
	00	TWO GIE VY (SOIT, IWAY YIAN)	A1 (%)
		BURIAL (Specify) 1-17-1968 Baltimore National Cemetery Baltimore, Mary	
		A FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE OF THE LANT 16 1999 Control of the Land 1	
1	110	loward H. Hubbard, 4107 Wilkens Ave. 21229 DATE JAN 16 1988 Actions	2/10

THE THE SHOULD BE SEEN TO A STATE OF THE SHOULD BE SHO in a six sense in the first patients of the sense of the with the stage of 1.14 - 3.47

MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00500 00498 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR (Type or print) Month Susan MURPHY Mary January S. DATE OF BIRTH 3. SEX 4. RACE 6. AGE (In years IF UNDER I YEAR purial-transit permit. Then please remove carbon popers. Pages 1 burial, cremation, ar removal, and in any event, within 72 haurs after last birthday) MONTHS ! DAYS HOURS Female White March 27, 1929 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED country) U.S.A. WIDOWED | DIVORCED [Baltimore Maryland

10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)

Homemaker give street oddress) INDUSTRY Towson completely ST. JOSEPH 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN requires that the death certificate be executed odmission) STATE 13b. COUNTY YES NO Baltimore 2611 Wentworth Rd. 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle First Edna Lorenzo Somers Evans 16b. SOCIAL SECURITY NO. 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, or unknown) ["[II yes give war or dates of service] Mr Raymond J. Murphy 2611 Weatworth Road 218-19-6083 APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Renal insufficiency IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) signed by the burial-tronsit p (b) polycystic kidneys rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to use as the 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING hos CAUSES OF DEATH? YES 🗌 NO | director, page 3 should be detached for use should be filed with the State Dept. af Health O HOSPITAL OR ATTENDING PHYSICIAN: Poge 4 may be retained by the hospitol or TO FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City of Town County State While Not while at wark at wark 22a. I certify that (A (this haspital) attended the deceased from 1/24/ , 19.68 , ta 1/24/ , 19.68 , that (1) (we) last saw the deceased prive an 1/24/ 19.68 , and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED STAFF PHYS. **ATTENDING** MED. DIRECTOR -January 24, 1968 DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS Reynaldo Orjuela-Gomez, M.D. NAME (Type) 7620 York Rd., Towson, Md. 21204 23d. LOCATION (City or Town) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION (Stote) (County) REMOVAL (Specify) Md. Baltimore Co. 1-27-1968 emorial Cem. Moreland R 1968 RESISTRAR'S SIGNATURE 250, REC'D BY REGISTRAR DATE JAN 29 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68 uneral Home 7 40 Belan Rox

